

# Trucking Jobs USA

# JOB APPLICATION

Phone 888-212-1628

Fax 800-867-0056

Email [recruiter@truckingjobsusa.net](mailto:recruiter@truckingjobsusa.net)

Date of Application \_\_\_\_\_

Start Date \_\_\_\_\_

\_\_\_ Company Driver \_\_\_ Owner Operator \_\_\_ Recent Graduate \_\_\_ Student

Your Name \_\_\_\_\_ SSN \_\_\_\_\_  
First Name Mid Initial Last Name

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Can this phone receive text messages \_\_\_ Yes \_\_\_ No Can this phone receive text messages \_\_\_ Yes \_\_\_ No

Email \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Drivers License \_\_\_\_\_ State \_\_\_ Class A CDL Yes / No

License Exp Date \_\_\_\_\_ Endorsements (check all that apply) \_\_\_ HazMat \_\_\_ Tanker \_\_\_ Doubles \_\_\_ TWIC

Have you EVER failed a drug or alcohol test (if Yes list dates and employer, if None state None)

Have you EVER been convicted of a crime (If Yes list dates, original charge, whether felony or misdemeanor, local court and penalty whether fine, probation or incarceration, If No state None)

Have you EVER been convicted of a DUI/DWI/OUI (If Yes list dates and states, If No state None)

Has your license EVER been suspended (If Yes list dates, states, reason for suspension and time suspended, If No state None)

Have you had a Reckless Driving conviction within 10 years (if Yes list date and state, if No state None)

List ALL Moving Violations within 5 years (include dates, states and nature of violation, if None state None)

List ALL Accidents within 5 years (include dates, states, whether preventable or non preventable, amount of damages, injuries whether in a commercial or private vehicle, if None state None)

List ALL preventable safety incidents that are being reported by a former employer (include dates and nature of incident, if None state None)

Have you ever been injured, hospitalized, had surgery, been treated by a doctor on an outpatient basis, currently being treated by a doctor or are you currently on any medications? (medical conditions do not disqualify you we use to ensure you are ready for orientation, if No state None)

2 Personal References (not related to you, include names and phone numbers)

Owner Operator Truck Info (year, make, model, wheelbase and weight)

## Job Preferences

## We hire for multiple companies select ALL you can do

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Solo        | <input type="checkbox"/> Team I have a partner | <input type="checkbox"/> Team I don't have a partner | <input type="checkbox"/> Lease Purchase                          |
| <input type="checkbox"/> Dry Van     | <input type="checkbox"/> Refrigerated          | <input type="checkbox"/> Flatbed                     | <input type="checkbox"/> Tanker                                  |
| <input type="checkbox"/> Home Weekly | <input type="checkbox"/> Home 14 days          | <input type="checkbox"/> Home 14-28 days             | <input type="checkbox"/> I Need a Job Apply to All I Qualify For |

Your Name \_\_\_\_\_ SSN \_\_\_\_\_

Trucking companies are required to verify employment and personal history for ALL drivers, including former employers and periods of self employment, unemployment, disability, retirement, caring for children or family, attending school including Truck Driving School. Please provide a minimum 5 years of work/personal history. All periods must be covered not just driving jobs, leave no gap exceeding 60 days, use additional sheets if needed. To verify information in the application many companies now require that a current 5 Year MVR be submitted with the application – a MVR is required for ALL Recent Graduates and Truck Driving School Students.

Have you attended a truck driving school in the prior 3 years? \_\_\_ Yes \_\_\_ No

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Number of Hours \_\_\_\_\_

Date Started \_\_\_\_\_ Date Finished \_\_\_\_\_ Did you Graduate \_\_\_ Yes \_\_\_ No

**Employer Period 1** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_ Dates of Employ \_\_\_\_\_ to \_\_\_\_\_

Select One \_\_\_ Quit \_\_\_ Laid Off \_\_\_ Terminated / Explain \_\_\_\_\_

Subject to DOT regulations \_\_\_ Yes \_\_\_ No Type of trailer \_\_\_\_\_ How many states operated in \_\_\_\_\_

**Employer Period 2** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_ Dates of Employ \_\_\_\_\_ to \_\_\_\_\_

Select One \_\_\_ Quit \_\_\_ Laid Off \_\_\_ Terminated / Explain \_\_\_\_\_

Subject to DOT regulations \_\_\_ Yes \_\_\_ No Type of trailer \_\_\_\_\_ How many states operated in \_\_\_\_\_

**Employer Period 3** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_ Dates of Employ \_\_\_\_\_ to \_\_\_\_\_

Select One \_\_\_ Quit \_\_\_ Laid Off \_\_\_ Terminated / Explain \_\_\_\_\_

Subject to DOT regulations \_\_\_ Yes \_\_\_ No Type of trailer \_\_\_\_\_ How many states operated in \_\_\_\_\_

**Employer Period 4** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_ Dates of Employ \_\_\_\_\_ to \_\_\_\_\_

Select One \_\_\_ Quit \_\_\_ Laid Off \_\_\_ Terminated / Explain \_\_\_\_\_

Subject to DOT regulations \_\_\_ Yes \_\_\_ No Type of trailer \_\_\_\_\_ How many states operated in \_\_\_\_\_

**Employer Period 5** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_ Dates of Employ \_\_\_\_\_ to \_\_\_\_\_

Select One \_\_\_ Quit \_\_\_ Laid Off \_\_\_ Terminated / Explain \_\_\_\_\_

Subject to DOT regulations \_\_\_ Yes \_\_\_ No Type of trailer \_\_\_\_\_ How many states operated in \_\_\_\_\_

**Employer Period 6** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_ Dates of Employ \_\_\_\_\_ to \_\_\_\_\_

Select One \_\_\_ Quit \_\_\_ Laid Off \_\_\_ Terminated / Explain \_\_\_\_\_

Subject to DOT regulations \_\_\_ Yes \_\_\_ No Type of trailer \_\_\_\_\_ How many states operated in \_\_\_\_\_

**USE ADDITIONAL SHEETS IF NECESSARY**

I authorize Trucking Jobs its employees and agents to release this information to prospective employers and authorize Trucking Jobs and said employers to conduct a background investigation in accordance with state and federal law. I hold Trucking Jobs its employees and agents and any prospective employers harmless of all liability for release of said information. By signing below, I certify that I have reviewed the above and that this application and any supporting documents are true and accurate to the best of my knowledge.

X \_\_\_\_\_  
Applicant

SSN \_\_\_\_\_

Date \_\_\_\_\_

# Trucking Jobs USA

In order to activate your application you need to sign and return the authorization for background investigation by faxing to 1-800-867-0056. If you have questions you may email us at [recruiter@truckingjobsusa.net](mailto:recruiter@truckingjobsusa.net) or call us directly at 1-888-212-1628.

**Trucking Jobs USA**  
**Phone 1-888-212-1628**  
**Fax 1-800-867-0056**

Authorization for Background Investigation for Employment: I authorize Trucking Jobs its employees and agents to release my information to prospective employers and authorize Trucking Jobs and said employers to conduct a background investigation in accordance with state and federal law. I hold Trucking Jobs its employees and agents and any prospective employers harmless of all liability for the release of said information. **I certify that I have reviewed my application and the information I have provided is true and accurate to the best of my knowledge and I acknowledge that a failure to disclose requested information may result in my application being declined or my employment terminated for falsification.**

**Signature** \_\_\_\_\_

\_\_\_\_\_  
**Print your Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date**

In an effort to speed processing some companies are requiring the driver to provide a current copy of their MVR (motor vehicle record) to verify the information on their application. The MVR must be dated within the past 10 days. Depending on your state it must cover 3-5 years and include any state in which you were licensed in the prior 5 years. **A current MVR is required for ALL Recent Graduates and CDL Students.** Your application will not be active with any company or job where a MVR is required until you've made arrangements to obtain one.

\_\_\_\_ If necessary I will provide a current MVR

\_\_\_\_ If necessary I want you to obtain a MVR for me