

II. WORK HISTORY FOR PAST TEN YEARS

List your employers for at least 10 previous years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use a supplementary sheet if necessary. **YOU MUST SUBMIT EMPLOYER'S PHONE NUMBERS.** Driver applicants must list number of accidents.

Current Employer: Name: _____ Supervisor: _____

Are you presently employed here? Yes No May we call your current employer? Yes No

Address: _____

Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Why do you want to change employers? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Second Last Employer: Name: _____ Supervisor: _____

Address: _____

Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Third Last Employer: Name: _____ Supervisor: _____

Address: _____

Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Fourth Last Employer: Name: _____ Supervisor: _____

Address: _____

Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Fifth Last Employer: Name: _____ Supervisor: _____

Address: _____

Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

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Sixth last Employer: Name: _____ Supervisor: _____

Address: _____
Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Seventh Last Employer: Name: _____ Supervisor: _____

Address: _____
Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Eighth Last Employer: Name: _____ Supervisor: _____

Address: _____
Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Ninth Last Employer: Name: _____ Supervisor: _____

Address: _____
Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Tenth Last Employer: Name: _____ Supervisor: _____

Address: _____
Street City/State Zip

Telephone: () _____ Position Held: _____ From _____ to _____

Rate of Pay: _____ Month/Year Month/Year

Reason for leaving? _____

Number of: States Driven In _____ Accidents _____ Preventable Accidents _____ Non-Preventable Accidents _____

Were you subject to FMCSR's while employed here? Yes No Was your job designated as a safety sensitive function in any DOT-Related mode, subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes No

III. EDUCATION

List any educational, vocational, on the job, military or other training you have received which you would like considered in determining your qualifications for the position in which you are applying:

Check the highest grade completed: 7 8 9 10 11 12 College: 1 2 3 4 5

SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	DATES ATTENDED		LIST DIPLOMA OR DEGREE	GPA
			FROM	TO		
HIGH SCHOOL						

COLLEGE					
TRADE OR OTHER (SPECIFY)					
Describe any specialized Training, apprenticeship, Skills and extra-curricular activities					
Describe any honors You have received					
State any additional information you feel may be helpful to us in considering your application					

IV. MILITARY STATUS which you would like considered in determining your qualifications for the position in which you are applying: **NOT REQUIRED FOR EMPLOYMENT** (in N.J. Do Not Fill Out Unless Hired)

Have you served in the U.S. Armed Force? _____ Branch: _____

Dates: From _____ to _____ Rank at Discharge: _____

Date of Discharge: _____ Draft Status: _____ Reserve Status: _____

V. FOREIGN LANGUAGES which you would like considered in determining your qualifications for the position in which you are applying: **NOT REQUIRED FOR EMPLOYMENT**

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

VI. ACTIVITIES AND OFFICES

List professional, trade, business or civic activities and offices held which you would like considered in determining your qualifications for the position in which you are applying: *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:*

VII. REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

VIII. MISCELLANEOUS

1. Do you have reliable transportation to work? Yes No Would you be willing to relocate? Yes No

2. Are you aware that you will work irregular hours/days, including weekends and in all types of weather conditions? Yes No

3. Will you accept company recommended medical facilities for work related injuries? Yes No

4. Have you ever been disqualified subject to Section 382, of the Federal Motor Carrier Safety regulations? Yes No

If yes, explain: _____

VIII. MISCELLANOUS (Continued)

5. Can you meet attendance requirements? Yes No
6. Have you ever been discharged or suspended from any job? Yes No
If yes, explain when and why: _____
7. Have you been convicted of a felony within the past seven years? (Conviction will not necessarily disqualify an applicant)
Yes No If yes, please explain _____

_____ State your
goals/expectations: _____

IX. DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC.	DATES		APPROX. NO TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI TRAILER				
OTHER _____				

List special courses, training or safety awards that will help you as a driver: _____

Have you ever hauled Hazardous Material or Hazardous Waste? Yes No

If Yes, please describe: _____

X. DRIVER LICENSES**LIST ALL DRIVER LICENSES HELD IN THE PAST 5 YEARS**

STATE	LICENSE NUMBER	TYPE	LIST ENDORSEMENTS	EXP. DATE

XI. TRAFFIC CONVICTIONS**LIST ALL TRAFFIC CONVICTIONS FOR THE PAST 5 YEARS**

DATE	LOCATION (STATE)	CHARGE	PENALTY

XII. SAFETY RECORD

List all involvement with commercial or private vehicle including property damage for past 5 years, including preventable and non-preventable.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	PREVENTABLE NON-PREVENTABLE	FATALITIES	INJURIES	PROPERTY DAMAGE AMT

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
2. Has you license, permit or privilege to operate a motor vehicle ever been suspended or revoked? Yes No
3. Have you ever operated a motor vehicle while under the influence of alcohol or illegal drugs? Yes No
4. With the exception of traffic violations have you ever been convicted by any law enforcement authority for violation of any Federal, State, Parish, County or Municipal law? Yes No

If you answered yes to any of the above questions from 1 to 4, please explain: (Date, Location, Reason and Disposition)

XII. MEDICAL HISTORY (DOT STANDARD)

To Be Filled Out by D.O.T. Regulated Applicants ONLY

Drivers:

1. Are you able to meet the medical requirements of DOT 391.41? Yes No
2. Have you ever suffered from or were advised you had the following medical conditions? Check all that apply.

<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Ear Trouble
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Eye Trouble
<input type="checkbox"/> Recto Genital	<input type="checkbox"/> Neurological Disorder
<input type="checkbox"/> Genito Urinary	<input type="checkbox"/> Hernia
<input type="checkbox"/> Abnormal Masses	<input type="checkbox"/> Mental problems
<input type="checkbox"/> Gastro Intestinal	<input type="checkbox"/> Spine
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Syphillis
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Back Injuries
3. Are you taking any type of medication listed under DOT Appendix D, Schedule I-V? Yes No

XIII. OWNERS/OPERATORS ONLY

1. Equipment Description: Year _____ Make _____ Model _____
2. Wheelbase _____ Empty Weight _____
3. Please submit copies of the following: Tractor Registration
 - Bill of Sale
 - Empty Tractor Weight Certificate
 - Highway Use Tax Form 2290
 - Picture of Tractor (if unavailable – we can take one)

NOTICE: In compliance with PUBLIC LAW 91-508 and other applicable Statutes

You are hereby notified that in connection with this application an investigative consumer report including information as to your character, employment history, educational background, general reputation, personal characteristics and mode of living may be procured by the company. Upon written request made by you to the company, the company will inform you within five business days of receipt of your request, whether or not such investigative consumer report has been requested and, if so, provide you with the name, address and telephone number of the consumer reporting agency making such report. You may request and promptly receive from the consumer reporting agency copies of any such investigative consumer report, as or if required by law.

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given herein shall be considered an act of dishonesty, and can be cause for discharge.

It is agreed and understood that the company or its agents may investigate the applicant's background to ascertain any and all information to concern to applicant's record, whether same is on record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his file.

It is agreed and understood that this application in no way obligates the company to hire, or contract with, the applicant. This application is not a contract.

It is agreed and understood that if hired the applicant may be on a probationary period during which time he may be discharged without recourse.

I understand that any offer of hire is contingent on my ability to produce documentation to verify my identity and legal authorization to work in the U.S. as required by the Immigration and Control Act of 1986.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete and correct to the best of my knowledge. This application is being submitted solely for the purpose of employment, or to contract as an owner/operator.

Applicant's Signature

Date



Phone: (800) 650-9085 ext 23
 Fax: (731) 784-9829 ATTN: Alicia

To: Company _____
 Mailing Address _____
 City, State, Zip _____
 Contact Person: _____
 Title: _____
 Phone: _____
 Fax: _____

Driver: Only complete areas marked with "X" please.

Applicant's Name: X _____
 SSN: X _____ D.O.B.: X _____
 Hire Date: _____ End Date: _____
 Reason for leaving: _____
 Eligible for Rehire? _____
 Overall Work Performance? _____

I X _____ authorize past employers to answer all questions about my previous employment including drug and alcohol test results and forward to Max Trans. I release past employers from all liability for releasing such information.

Applicant's Signature: X _____ Date: X _____

Work History Information

Type of Driver: Owner OP / Company Driver / Drive for Contractor /
 Type of Equipment: Tractor Trailer Van / Flatbed Type of Cargo: General
 Area Traveled: 48 States
 Comments: _____

Drug and Alcohol Information for Past Three (3) Years
 FMCSR Part 391.23 and 40.25

	YES	NO
Any alcohol test with a result of 0.04 or higher alcohol concentration?		
Any verified positive test?		
Any refusal to be tested (including verified adulterated or substituted drug test results)?		
Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?		
SAP?		

Accident Information for Past Three (3) Years

Date	Location	Fatalities	Towed	Injuries

***Drivers License ever suspended or revoked? Yes No
 If Yes, Explain: _____

Completed by: Signature _____ Print _____
 Completed by: Title _____ Date Completed _____