



Company Driver Application

ADVERTISING SOURCE: _____ DRIVER REFERRAL: _____

I am applying to American Central Transport, Inc. for a position as a: Company Driver

Name: _____
(First) (Middle) (Last)

Social Security No.: _____ Phone: (____) _____

Emergency Contact: (____) _____ Relationship: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ How Long: Years _____ Months: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____ How Long: Years _____ Months: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____ How Long: Years _____ Months: _____

DRIVER SELECTION STANDARDS

American Central Transport, Inc. selection standards and requirements for hiring drivers include:

1. Must live within the ACT hiring area.
2. Must be at least 23 years old and have at least 24 months verifiable experience.
3. Must have CDL License with Hazardous Material endorsement issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations
5. Pass D.O.T. physical administered by an ACT selected contracted medical provider at ACT expense.
6. No license suspension for moving violations in the past 3 years.
7. No B.A.C.s, D.U.I.s or D.W.I.s in the past ten (10) years.
8. Must pass pre-employment drug test.
9. Must have and maintain neat, clean appearance.
10. Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
11. Must be able to meet ACT work attendance/availability requirements.
12. With regard to preventable motor vehicle accidents and moving violations, ACT reserves the right to evaluate each applicant on an individual basis.

The following tasks are required to perform the essential responsibilities of this position. Please answer the following:

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Apply enough force to open and close semi-trailer doors?
- Yes No Repeatedly lift and carry cargo weighing up to 100 lbs. per item?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify this application. I have read and agree to the standards presented above.

X _____
SIGNATURE

DATE

Are you 23 years or older? Yes No Do you have a legal right to live and work in the U.S.? Yes No
 Are you a US Citizen? Yes No Have you ever been charged or convicted of a Felony? Yes No

If yes, When? _____ Conviction? _____ Where? _____

Are you familiar with the Federal Motor Carrier Safety Regulation? Yes No

Do you have at least a total of 2 years of over the road experience or completed driving school with 1 year over the road experience? Yes No

Have you **ever** had your driver's license suspended? Yes No **If yes, when?** _____

Have you **ever** had your driver's license revoked? Yes No **If yes, when?** _____

Have you **ever** tested positive on a drug or alcohol test? Yes No **If yes, when?** _____

Have you **ever** refused a drug or alcohol test? Yes No **If yes, when?** _____

Have you **ever** been employed by or contracted to ACT or an ACT affiliate before? Yes No **If yes, when?** _____

Have you previously applied for employment with ACT or an ACT affiliate? Yes No **If yes, when?** _____

Have you **ever** been denied a license, permit, or privilege to operate a motor vehicle? Yes No **If yes, when?** _____

Have you **ever** been convicted of any alcohol related driving offense? Yes No **If yes, when?** _____

Have you **ever** been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? Yes No **If yes, when?** _____

Have you **ever** been denied employment or contract due to a positive result on a drug or alcohol test? Yes No **If yes, when?** _____

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Preventable and Non-preventable traffic convictions and forfeitures for the past three (3) years
 Truck and Car (other than parking violations; if none, write "none")

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years. List all involvement with truck and car including property damage, regardless of fault (if none, write none)

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two-Trailers				
Other				

To submit an application, you will need to account for the last ten (10) years of your employment or contract history.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact for each previous company you worked for or were contracted to.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers or companies you contracted to for the last ten (10) years including all driving and non-driving full and part-time employment, self-employment, military service, and any periods of unemployment. Use another sheet of paper if necessary.

Are you presently employed or contracted by a trucking company? Yes No May we contact then? Yes No

Current/Most Recent Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

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Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

EDUCATION

High School: 1 2 3 4

College: 1 2 3 4

List any other training or schools: _____

Truck Driving School: _____

Did you graduate? Yes No When? _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I CERTIFY all information provided in this employment application is true and complete. I understand that any false information or omission will disqualify me from further consideration for employment and will result in my dismissal if discovered at a later date.

I UNDERSTAND American Central Transport, Inc. may request an investigative consumer report from a Consumer Reporting Agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others.

I UNDERSTAND I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer Reporting Agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers or companies contracted with and organizations from any legal liability in making such statements.

I UNDERSTAND if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination as per DOT regulations, a driving skills test, a drug/alcohol screen along with a complete background and MVR check. I consent to all afore mentioned conditions for company driver qualification. I authorize the release of any or all medical information as may be deemed necessary to American Central Transport, Inc.

I UNDERSTAND this application or subsequent employment does not create a contract of employment, nor guarantee employment for any definite period of time. If employed, I understand I have been hired at the will of my employer and my employment may be terminated at any time, with our without cause or notice.

Signature

Date

Printed Name