



EMPLOYMENT APPLICATION - Non DOT

Applicant: Read and sign the following notification prior to submitting this Application for Employment.

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, DRIVERSOURCE, INC., hereby notifies you that you have the following rights regarding the investigative information that will be provide to us pursuant to 49 CFR 391.23(d)(e):

- (1) The right to review information provided by previous employers;
(2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to DRIVERSOURCE, INC.;
(3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) EQUAL OPPORTUNITY EMPLOYER: In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, and in Michigan, height, weight, and marital status.

(D) I understand that if I have a protected handicap that affects my ability to perform the position, I may ask DRIVERSOURCE, INC. to attempt to make accommodation as required by law. I must make my request in writing to DRIVERSOURCE, INC. as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_
(First) (Middle) (Last)

Current Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

How long at this address? \_\_\_\_\_ (yrs) Date of Birth\* \_\_\_\_\_ Social Security # \_\_\_\_\_

\*Federal regulations require that driver applicants operating in interstate commerce be at least 21 years of age.

Other addresses of residence for the preceding three years from the date of this application (if necessary)

\_\_\_\_\_ How Long? \_\_\_\_\_ (yrs)
(Street Address) (City) (State) (Zip)

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(Street Address) (City) (State) (Zip)

EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

Are you: [ ] a U.S. Citizen, [ ] a Lawful Permanent Resident, or [ ] otherwise authorized to work in the United States?

Are you:  a U.S. Citizen,  a Lawful Permanent Resident, or  otherwise authorized to work in the United States?

Position(s) Applied For: (1) \_\_\_\_\_ Salary desired (be specific): \_\_\_\_\_

Position(s) Applied For: (2) \_\_\_\_\_ Salary desired (be specific): \_\_\_\_\_

Employment desired:  Full-time  Part-time  Full-time or Part-time How many hours weekly? \_\_\_\_\_

Schedule availability for work:  No preference  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Can you work nights?  Yes  No Are you available on an after-hours "on-call" basis?  YES  NO

When are you available to begin work if offered a position? \_\_\_\_\_

Do you have a valid driver's license?  YES (please complete license information below)  NO

**DRIVER'S LICENSE INFORMATION**

Issuing State \_\_\_\_\_ License Number \_\_\_\_\_ Class \_\_\_\_\_

Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Address on Driver's License \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Do you have an active insurance policy covering your personal vehicle?  YES  NO  Not applicable

Have you been convicted of a crime?  YES  NO

If yes, explain number of convictions, nature of offense(s) leading to conviction(s), year(s) such offenses was/were committed, sentence(s) imposed and type(s) of rehabilitation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any pending warrants or have any pending court date(s) for any crimes?  YES  NO

**GENERAL QUESTIONNAIRE**

Have you ever worked for this company before?  YES when? \_\_\_\_\_ to \_\_\_\_\_  NO

Do you have any relatives employed by this company?  YES who? \_\_\_\_\_  NO

Have you ever signed or are you aware of any "Non-Compete" agreements with any past employer?  YES  NO

List any completed educational and training courses relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List special equipment/computer operating experience that may be supportive to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

Office Skills: Shorthand \_\_\_\_\_ WPM 10-Key Punch \_\_\_\_\_ WPM Typing \_\_\_\_\_ WPM

Experience in: MS Word  MS Outlook  MS Excel  MS PowerPoint  Multi-line Phone

Payroll Software: \_\_\_\_\_ Accounts Payable/Receivable: \_\_\_\_\_

**Education Information**

High School Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year of graduation: \_\_\_\_\_ or Year of receiving equivalency: \_\_\_\_\_

College Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major and/or degree from College: \_\_\_\_\_

Business or Trade School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Military Status**

U.S. Military (Branch): \_\_\_\_\_ Rank: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of discharge: \_\_\_\_\_ Presently in Guard/Reserves?  YES  NO

**Personal References**

Please list two (2) references other than relatives or previous employers (you may include co-workers in a non supervisory role):

(1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Work Experience (attach additional sheets if necessary)**

Resume attached  YES  NO

May we contact your present employer?  YES  NO

Last/Current Employer Company Name:		<table border="1"><tr><td colspan="2">Dates of Employment</td></tr><tr><td>__/__/__</td><td>__/__/__</td></tr><tr><td>Hired</td><td>Left</td></tr></table>	Dates of Employment		__/__/__	__/__/__	Hired	Left
Dates of Employment								
__/__/__	__/__/__							
Hired	Left							
Address:								
City/State/Zip:								
Supervisor Name & Title:		Phone:						
Title & job duties:								
Reason for leaving:		Salary:						

2 <sup>nd</sup> Employer Company Name:		<table border="1"><tr><td colspan="2">Dates of Employment</td></tr><tr><td>__/__/__</td><td>__/__/__</td></tr><tr><td>Hired</td><td>Left</td></tr></table>	Dates of Employment		__/__/__	__/__/__	Hired	Left
Dates of Employment								
__/__/__	__/__/__							
Hired	Left							
Address:								
City/State/Zip:								
Supervisor Name & Title:		Phone:						
Title & job duties:								

Reason for leaving:		Salary:
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3rd Employer Company Name:		Dates of Employment ___/___/___      ___/___/___ Hired                      Left
Address:		
City/State/Zip:		
Supervisor Name & Title:		Phone:
Title & job duties:		
Reason for leaving:		Salary:

4th Employer Company Name:		Dates of Employment ___/___/___      ___/___/___ Hired                      Left
Address:		
City/State/Zip:		
Supervisor Name & Title:		Phone:
Title & job duties:		
Reason for leaving:		Salary:

5th Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Dates of Employment            ___/___/___      ___/___/___            Hired                      Left         </div>
Address:		
City/State/Zip:		
Supervisor Name & Title:		Phone:
Title & job duties:		
Reason for leaving:		Salary:

6th Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">           Dates of Employment            ___/___/___      ___/___/___            Hired                      Left         </div>
Address:		
City/State/Zip:		
Supervisor Name & Title:		Phone:
Title & job duties:		
Reason for leaving:		Salary:

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I have completed this application, personally, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application and interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of DriverSource, as permitted by Law. My services and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either DriverSource or myself. I understand that no individual or representative of DriverSource has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the contrary unless received in writing by the Chief Operating Officer. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been informed that an investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

Thank you for your interest in DriverSource, Inc., the leader in specialized transportation staffing. Please be sure to fill out the application completely and accurately, especially the past employment page(s). All time in the previous ten years must be accounted for, including any time you may have been unemployed and seeking employment. Please ensure all information regarding past employment is complete with addresses and phone numbers. We must be able to verify the previous ten years of employment. If the information is not complete, it will delay the processing of your application. You may submit your application to the appropriate office location in person, by mailing or faxing to the fax numbers listed below. We look forward to hearing from you!

**CENTRAL REGION OPERATIONS**

15340 Michigan Avenue, Dearborn, MI 48126

Toll free: 800.887.9095      Phone: 313.624.9500      Fax: 313.624.9515

**WESTERN MICHIGAN OPERATIONS** – Chicago, Ft. Wayne & Indianapolis

600 3 Mile Rd. NW, Suite 202, Grand Rapids, MI 49544

Toll free: 844.346.5630      Phone: 616.272.7054      Fax: 616.419.3834

**NORTH EAST REGION OPERATIONS**- Maryland, Pennsylvania, New Jersey

1414 Crain Hwy N, Suite 3B Glen Burnie, MD 21061

Toll free: 877.257.0313      Phone: 301.490.9099      Fax: 410.590.5642

**SOUTH EAST REGION OPERATIONS**- Virginia, South Carolina, Texas

461 Southlake Blvd., Southport Corporate Center, N. Chesterfield, VA 23236

Toll Free: 888.766.9814      Phone: 804.276.9813      Fax: 804.464.2475