



LAD TRUCK LINES, INC.

PO Box 749 • 109 Barnett Shoals Road • Watkinsville, GA 30677
706.769.4048 phone • 706.769.5826 fax • www.ladtrucklines.com

APPLICATION FOR EMPLOYMENT

APPLICATION INFORMATION

In compliance with Federal and State Equal Employment Opportunity (EEO) laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or non-job related disability.

Full Name: _____ SS#: _____

Phone: _____ Cellular Phone: _____

Email Address: _____ Date of Birth: _____

List your addresses of residency for the past 3 years:

Address: _____ City, State & Zip: _____ Months: _____

Previous Address: _____ City, State & Zip: _____ Months: _____

Previous Address: _____ City, State & Zip: _____ Months: _____

Do you have a DWI or DUI on your Driver record at any time in the past? Yes No

If so, give date of DUI ____/____/____

Have you ever been convicted of a crime: Yes No

If so, explain the crime _____

Are you employed now? Yes No

If yes, may we inquire of present employer? Yes No

Have you ever tested positive on a DOT drug or alcohol test, pre-employment or otherwise? Yes No

If so, give date of drug test _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Workplace: _____

Who referred you? _____

Employment History

Please complete with your previous 10 years work history, starting with our most recent employer. Cover all time for the last 10 years. If you were unemployed for more than 30 days, indicate each of those time periods in one of the employer areas.

EMPLOYER 1

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____/____/____ To: ____/____/____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 2

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 3

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 4

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 5

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 6

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 7

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 8

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 9

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 10

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 11

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

EMPLOYER 12

Name: _____

Address: _____

City, State, Zip: _____

Dates From: ____ / ____ To: ____ / ____

Contact Person: _____ Position Held: _____

Phone Number: _____ Salary/Wage: _____

Were you subject to the FMCSRs while employed? Yes No Reason For Leaving: _____
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Driver License Information

List the valid operating license in your possession: CDL Class: ____ State: ____ Number: _____ Expiration Date: __/ __

Have you ever lost your driving privileges? Yes No Haz/Mat Endorsement: ? Yes No

If so, explain why you lost your driving privileges: _____

Driving Violations

List below all moving violations you have received in the past 3 years:

Date ____/____ Offense _____ Location _____ Type of Vehicle _____

Date ____/____ Offense _____ Location _____ Type of Vehicle _____

Date ____/____ Offense _____ Location _____ Type of Vehicle _____

Traffic Accidents

Date ____/____ Nature of Accident _____ Fatalities _____ Personal Injury _____

Date ____/____ Nature of Accident _____ Fatalities _____ Personal Injury _____

Date ____/____ Nature of Accident _____ Fatalities _____ Personal Injury _____

Experience

Explain experience you have driving. If you have operated motor vehicle equipment, explain the types and names of states driven in.

Comments

Please list any comments or information you think we need for considering your application: _____

Acknowledgement

This certifies this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by the rules and regulations of LAD Truck Lines.

Date: ____/____/____

Applicant Signature: _____