

**DRIVERS  
APPLICATION FOR EMPLOYMENT  
DYNAMIC TRANSIT CO.  
P.O. BOX 38219  
ST LOUIS, MO 63138  
PH 618-876-3000 \* Fax 618-876-7594  
www.dynamictransit.com**

*(Answer all questions- please print)*

In compliance with Federal and State equal employment opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(last, first, middle)

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**\*\* List your addresses of residency for the past 3 years.**

Current Address: \_\_\_\_\_  
(street) (city, state, zip) How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(street) (city, state, zip) How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(street) (city, state, zip) How Long? \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_  
(name) (phone)

Do you have the legal right to work in the United States?  Yes  No

Have you worked for this company before?  Yes  No If Yes: From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed?  Yes  No If Yes, when will you be available? \_\_\_\_\_

If not, how long since leaving last employment \_\_\_\_\_ Who referred you? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

**List all licenses held in the last 3 years:**

DRIVERS LICENSE	STATE	LICENSE NO	TYPE	EXPIRATION DATE

LIST ALL ENDORSEMENTS \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to either A or B is yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony and/or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE		
NAME			FROM	TO	
			MO.	YR.	MO.
			YR.		
ADDRESS					POSITION HELD
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE "NONE"**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACED IS NEEDED)

**DRIVING EXPERIENCE: CHECK YES OR NO**

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
				FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-TWO TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR-THREE TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 8 passengers ---			
MOTOR COACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 15 passengers ---			
OTHER	_____					

LIST OF STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-OTHER (Continued)**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOW)

\_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_

