

# CALDWELL TRANSPORTATION CO., INC EMPLOYMENT APPLICATION

NAME \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT ADDRESS (STREET, &or PO BOX, CITY, STATE, ZIP) \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS \_\_\_\_\_

IF LESS THAN 3 YEARS, LIST PREVIOUS ADDRESS (STREET, &or PO BOX, CITY, STATE, ZIP) \_\_\_\_\_

**SOME REQUIREMENTS TO BECOMING A CALDWELL TRANSPORTATION EMPLOYEE ARE:**  
DATE OF BIRTH \_\_\_\_\_ (THIS INFORMATION IS ONLY USED TO OBTAIN A DMV DRIVERS  
LICENSE REPORT), OBTAIN A COMMERCIAL DRIVERS LICENSE AND DOT PHYSICAL, ENROLLMENT IN  
COMPANY'S DRUG PROGRAM, FINGERPRINTING, PUNCTUALITY, GOOD ATTENDANCE AND CLEAN  
APPEARANCE. ARE THESE REQUIREMENTS ACCEPTABLE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, PLEASE EXPLAIN: \_\_\_\_\_

**ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED:**  
(MARK THE APPROPRIATE ANSWER)  
CLEAN VEHICLE INTERIOR: YES \_\_\_\_\_ NO \_\_\_\_\_ FUEL VEHICLE: YES \_\_\_\_\_ NO \_\_\_\_\_ CHECK FLUIDS:  
YES \_\_\_\_\_ NO \_\_\_\_\_ (REQUIRING LIFTING HOOD) PLACEMENT OF WINDSHIELD COVER AND/OR  
CHARTER SIGNS: YES \_\_\_\_\_ NO \_\_\_\_\_ (REQUIRING CLIMBING ONTO HOOD OF VEHICLE) PHYSICAL  
LABOR IS INVOLVED WITH THIS JOB (LIFTING, STOOPING, KNEELING, GOING UP & DOWN STEPS:  
YES \_\_\_\_\_ NO \_\_\_\_\_ DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
ABILITY TO COMPLETE ALL REQUIRED PAPER WORK: YES \_\_\_\_\_ NO \_\_\_\_\_ ABILITY TO FOLLOW  
WRITTEN INSTRUCTIONS YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO TO ANY OF THE ABOVE PLEASE  
EXPLAIN: \_\_\_\_\_

WORK HOURS COULD RANGE FROM 1-7 HOURS A DAY, 1-5 DAYS A WEEK, MAY INCLUDE  
SPLIT SHIFTS, WOULD THIS BE ACCEPTABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**A MINIMUM OF 10 YEARS OF PAST AND PRESENT EMPLOYMENT HISTORY) PLEASE ATTACH ADDITIONAL PAPER IF NEEDED.**

<b>Employer:</b>	<b>Dates Employed:</b>		<b>Worked Performed:</b>
Address: &or PO BOX, CITY, STATE, ZIP	<b>From</b>	<b>To</b>	
Supervisor:			
Telephone Numbers:	Rate of Pay:		
Job Title:	Start	Final	
Reason For Leaving:			

<b>Employer:</b>	<b>Dates Employed:</b>		<b>Worked Performed:</b>
Address: &or PO BOX, CITY, STATE, ZIP	<b>From</b>	<b>To</b>	
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Supervisor:			
Telephone Numbers:	Rate of Pay:		
Job Title:	Start	Final	
Reason For Leaving:			

**REFERENCES:** (ADDRESS & or PO BOX, CITY, STATE, ZIP CODE)

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

DO YOU HAVE A DRIVER LICENSE: YES \_\_\_\_\_ NO \_\_\_\_\_ CLASS \_\_\_\_\_

ENDORSEMENT \_\_\_\_\_

DATE EXPIRES \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

LIST ANY EXPERIENCE YOU HAVE DRIVING A COMMERCIAL MOTOR VEHICLE.

DURING YOUR EMPLOYMENT WITH THE ABOVE NAMED EMPLOYERS, DID ANY OF THEM REQUIRE APPLICANTS TO BE SUBJECTED TO U.S. DOT REGULATIONS AND SUBSTANCE ABUSE TESTS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES HAVE YOU EVER TESTED POSITIVE OR REFUSED A DRUG TEST? YES \_\_\_\_\_ NO \_\_\_\_\_ WHAT COMPANY? \_\_\_\_\_

HAVE YOU HAD ANY TRAFFIC CONVICTIONS /FOREITURES/ACCIDENTS WITHIN THE PAST THREE YEARS OR MORE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES EXPLAIN:

DATES \_\_\_\_\_ NATURE OF ACCIDENT \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED, FOUND GUILTY, OR ENTERED A GUILTY PLEA FOR A FELONY AND/OR MISDEMEANOR? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES PLEASE EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE AVAILABLE TO WORK \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**ALL APPLICATION WILL BE KEPT ON FILE FOR 1 YEAR**

**EQUAL OPPORTUNITY EMPLOYEE**