

**APPLICATION FOR EMPLOYMENT**

**AO EXPRESS INC**

**200 N PHILIPS AVE STEL104 SIOUX FALLS, SD 57104**

Office Use Only	
Interview Date:	___/___/___
Hire Date:	___/___/___
Start Date:	___/___/___

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

(FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_ HOW LONG?: \_\_\_\_\_

(STREET) (CITY) (STATE/ZIP)

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

ARE YOU A VETERAN OR CURRENTLY AN ACTIVE MEMBER OF THE MILITARY? YES / NO (CIRCLE ONE).

IF HIRED, CAN YOU VERIFY THAT YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES / NO (CIRCLE ONE).

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? YES / NO (CIRCLE ONE).

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES / NO (CIRCLE ONE).

IF NO, PLEASE INDICATE WHAT TYPE(S) OF REASONABLE ACCOMMODATIONS ARE NEEDED: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY OR NO CONTEST, OR FORFEITED BOND OR COLLATERAL ON A FELONY OR MISDEMEANOR? YES / NO (CIRCLE ONE).

IF YES PLEASE LIST ALL CRIMES AND ATTACH AN EXPLANATION. (DO NOT INCLUDE CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED, EXPUNGED OR ERADICATED. DO NOT ANSWER THIS QUESTION IF SEEKING EMPLOYMENT INS HAWAII. IF YOU ARE SUBSEQUENTLY OFFERED EMPLOYMENT, YOU MAY BE REQUIRED TO ANSWER THIS QUESTION AT THAT TIME. FOR JOB OPENINGS IN CALIFORNIA, DO NOT INCLUDE MARIJUANA CONVICTIONS IDENTIFIED IN CAL LABOR CODE 432.8 THAT ARE MORE THAN TWO YEARS OLD). A CRIMINAL HISTORY WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. WE WILL CONSIDER THE NATURE OF THE CRIME, NATURE OF THE JOB, AND LENGTH OF TIME SINCE THE CRIME, AND EVIDENCE OF REHABILITATION. IF YES, STATE DETAILS:

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

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP) # OF YEARS: \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP) # OF YEARS: \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP) # OF YEARS: \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

SECTION 383.21 FMCSR STATES "NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE". BY FILLING OUT BELOW I CERTIFY THAT I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

HAS YOUR LICENSE EVER BEEN SUSPENDED/REVOKED/RESTRICTED? YES / NO (CIRCLE ONE)

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES / NO (CIRCLE ONE)

IF YES, EXPLAIN: \_\_\_\_\_

LIST ANY ENDORSEMENTS TO YOUR CDL (IF APPLICABLE): \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	YEARS OF EXPERIENCE
STRAIGHT TRUCK	
TRACTOR & SEMI TRAILER	
TRACTOR – TWO TRAILERS	
OTHER	
TOTAL YEARS OF TRACTOR/TRAILER EXPERIENCE	

**CHECK ALL THAT APPLY**

**A. TYPE(S) OF TRAILERS PULLED:**

REGULAR VAN     REEFER UNIT     LIVESTOCK     DOUBLES     GRAIN  
 HOPPER     DROP DECK     FLATBED     BULK TANKER     LIQUID BULK TANKER  
 OTHER: \_\_\_\_\_

**B. TYPE(S) OF COMMODITIES TRANSPORTED:**

LTL FREIGHT     LIVESTOCK     GRAIN     FEED     SUSPENDED MEAT  
 LUMBER     DAIRY PRODUCTS     HEAVY EQUIP.     SAND/GRAVEL     PETROLEUM  
 HAZ. MAT.     REEFER PRODUCTS     STEEL     HOUSEHOLD GOODS     OTHER: \_\_\_\_\_

**C. STATES OPERATED IN:**

AL     DE     IA     MA     NE     NC     RI     VA  
 AZ     DC     KS     MI     NV     ND     SC     VT  
 AR     FL     KY     MN     NH     OH     SD     WA  
 CA     GA     LA     MS     NJ     OK     TN     WV  
 CO     IL     ME     MO     NM     OR     TX     WI  
 CT     IN     MD     MT     NY     PA     UT     WY

**ACCIDENT AND TRAFFIC CONVICTIONS RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS (YES/NO)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

**PREVIOUS EMPLOYMENT RECORD**

(ATTACH SHEET IF NEEDED)

APPLICANTS THAT DESIRE TO DRIVE IN INTRASTATE/INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PREVIOUS THREE YEARS. YOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYERS YOU HAVE DRIVEN A COMMERCIAL MOTOR VEHICLE FOR THE SEVEN YEARS PRIOR TO THE INITIAL THREE YEARS (TOTAL OF TEN YEARS EMPLOYMENT RECORD).

MUST LIST THE COMPLETE MAILING ADDRESS.

**START WITH THE MOST RECENT EMPLOYER**

**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (City) (STATE/ZIP)

**POSITION HELD:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST ME EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.** \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? **YES / NO**

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? **YES / NO**

**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (City) (STATE/ZIP)

**POSITION HELD:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (City) (STATE/ZIP)

**POSITION HELD:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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**PREVIOUS EMPLOYMENT RECORD CONT.**

**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP)

**POSITION HELD:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

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**EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP)

**POSITION HELD:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? **YES / NO**

**TO BE READ AND SIGNED BY APPLICANT**

I AUTHORIZE YOU TO MAKE SURE INVESTIGATIONS AND INQUIRIES TO MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER 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(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

I UNDERSTAND THAT INFORMATION I PROVIDE REGARDING CURRENT AND/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYER(S) WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23(D) AND (E). I UNDERSTAND THAT I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY CURRENT/PREVIOUS EMPLOYERS.
- HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RE-SEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER; AND
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION. IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION."

\_\_\_\_\_

(DATE)

(APPLICANTS SIGNATURE)

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_

(DATE)

(APPLICANTS SIGNATURE)

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE INFORMATION IN ADDITION TO THE INFORMATION REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

## DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR PART 40.25(J) REQUIRES THE EMPLOYER TO ASK ANY APPLICANT, WHETHER HE OR SHE HAS TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AND EMPLOYER TO WHICH THE EMPLOYEE APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL RULES DURING THE PAST TWO YEARS. IF THE POTENTIAL EMPLOYEE ADMITS THAT HE OR SHE HAD A POSITIVE TEST OR REFUSAL TO TEST, WE MUST NOT USE THE EMPLOYEE TO PERFORM SAFETY-SENSITIVE FUNCTIONS, UNTIL AND UNLESS THE POTENTIAL EMPLOYEE PROVIDES DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE RETURN-TO-DUTY PROCESS. (SEE SECTION 40.25(B)(5) AND (E)).

APPLICANT NAME: \_\_\_\_\_

AS AN APPLICANT, APPLYING TO PERFORM SAFETY-SENSITIVE FUNCTIONS FOR OUR COMPANY, YOU ARE REQUIRED BY CFR PART 40.25(J) TO RESPOND TO THE FOLLOWING QUESTIONS.

1. HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AND EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEAR? CHECK ONE

YES

NO

2. IF YOU ANSWERED YES, TO THE ABOVE QUESTION, CAN YOU PROVIDE PROOF THAT YOU HAVE SUCCESSFULLY COMPLETED THE DOT RETURN-TO-DUTY REQUIREMENTS? CHECK ONE

YES

NO

MY SIGNATURE BELOW CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

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