



East Asheville Plant:
 606 Old US 70
 Swannanoa, NC 28778
 (828) 686-3040

South Asheville Plant:
 264 Mills Gap Rd.
 Fletcher, NC 28732
 (828) 684-1920

North Asheville Plant:
 3809 US Highway 25/70
 Marshall, NC 28753
 (828) 649-1016

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO. _____
 _____ LAST FIRST MIDDLE INITIAL
 DATE OF BIRTH ____/____/____ PHONE NO. (____) _____

CURRENT ADDRESS _____
 _____ STREET CITY STATE ZIP
 LAST 3 YEARS _____
 _____ STREET CITY STATE ZIP
 _____ STREET CITY STATE ZIP

IN CASE OF EMERGENCY NOTIFY _____ PHONE NO. (____) _____
 POSITION APPLYING FOR _____ PAY RATE EXPECTED _____
 HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO _____ YES _____
 IF YES, FROM ____/____/____ TO ____/____/____
 MONTH/YEAR MONTH/YEAR

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS?

NO _____ YES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR OR CRIMINAL VIOLATION? NO _____ YES _____

DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION _____

LICENSE TYPE (i.e. COL CLASS A) _____ CDL ENDORSEMENTS _____

HAS YOUR LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED OR SUSPENDED? NO _____ YES _____ IF YES, EXPLAIN REASON _____

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO _____ YES _____ IF YES, EXPLAIN REASON _____

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE _____

APPLICANT'S SIGNATURE

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO _____ YES _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER/TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG & ALCOHOL TESTING PROGRAM? YES _____ NO _____

NOTICE TO APPLICANT

Applicant – If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____
PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS _____

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information of facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23 (i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contact against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

_____/_____/_____
DATE

APPLICANT SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED _____/_____/_____
DATE

SIGNATURE OF COMPANY REPRESENTATIVE

_____/_____/_____
DATE OF HIRE