



[Town of Jackson](http://www.townofjackson.com)
 150 E Pearl, PO Box 1687
 Jackson, WY 83001
 307-733-3932/Personnel
www.townofjackson.com



450 W Snow King Ave
 Jackson, WY
 307-733-4521

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants 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 No. _____
Last First Middle

List your address of residency for the past 3 years

Current Address _____
Street P.O. Box City
 _____ Phone _____ How Long? _____
State Zip

Previous Addresses _____ How Long? _____

Street City State & Zip Code

_____ How Long? _____

Street City State & Zip Code

_____ How Long? _____

Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Required for Commercial Drivers

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding 3 years. List complete mailing, 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 whom 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 | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE | | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------------|-------|-----|--------------------|--|
| NAME | FROM | | TO | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE | | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------------|-------|-----|--------------------|--|
| NAME | FROM | | TO | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE | | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------------|-------|-----|--------------------|--|
| NAME | FROM | | TO | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE | | REASON FOR LEAVING | |

| EMPLOYER | | | DATE | |
|----------------|-------|-----|--------------------|--|
| NAME | FROM | | TO | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE | | REASON FOR LEAVING | |

Includes vehicles having a GVWR of 26,002 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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 |
|---------------------|--|------------|----------|
| 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 SPACE IS NEEDED)

EDUCATION

Highest Grade in School Completed _____

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

| | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|------------------------|-------|-------------|-------|-----------------|
| DRIVER LICENSES | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|------------------------------|--|-------|-------|---------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK _____ | _____ | _____ | _____ | _____ |
| TRACTOR & SEMI-TRAILER _____ | _____ | _____ | _____ | _____ |
| TRACTOR - TWO TRAILERS _____ | _____ | _____ | _____ | _____ |
| MOTORCOACH- SCHOOL BUS _____ | _____ | _____ | _____ | _____ |
| OTHER _____ | _____ | _____ | _____ | _____ |

LIST 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

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU 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 SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that 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 inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires 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.

Date

Applicant's Signature