

HSS, INC.

Documents needed to apply:

Valid Drivers License

Valid Medical DOT Card

OSHA10

Driving Record form RMV (not older than 30 Days of date of this application.)

Pre Employment Drug Test is required

APPLICATION FOR EMPLOYMENT

Position applying for: Laborer Driver Shop

DATE _____

NAME _____ CELLPHONE: (____) _____ Provider _____

ADDRESS: _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PREVIOUS THREE YEARS ADDRESSES:

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No If yes, give dates: From _____ To _____
Reason for leaving? _____

EDUCATION HISTORY: Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

TYPE OF DRIVERS LICENSE (Circle) A B C D List all Endorsements: _____

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

Can you drive a Standard Truck? ___ Yes ___ No List All States you have operated in: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations)to include Certificate of Violations:

Date	Location	Charge	Penalty

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

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

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? ___ Yes ___ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

Have you ever been disqualified for Violations of the FMCSR's? _____ Yes _____ No

All New Hires will be subject to Pre-Employment Drug Test: Do you have any issues with this? _____ Yes _____ No

MECHANICAL EXPERIENCE: _____ DATE AVAILABLE TO WORK: _____

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone (_____)
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? _____ YES _____ NO
Were you Subject to the FMCSR's while employed? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone (_____)
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? _____ YES _____ NO
Were you Subject to the FMCSR's while employed? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone (_____)
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? _____ YES _____ NO
Were you Subject to the FMCSR's while employed? _____ Yes _____ No

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Occupation _____ Phone _____

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Name _____ Occupation _____ Phone _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. 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.

Applicant Signature _____ Date _____

How did you hear about us?

____ Friend, ____ Criagslist, ____ Indeed.com, ____ Out on Jobsite, ____ Truck ____ Newspaper, ____ Other

Remarks: (For office use only)

