

Spirit of 76, LLC
6401 West Highway 40
Columbia, MO 65202
Phone: 573-447-1776



APPLICATION FOR EMPLOYMENT

(Please print legibly)

In compliance with federal and state employment laws, applicants will not be discriminated against regarding race, color, religion, sex, national origin, age, marital status, or disability. EOE.

Name: _____		
Last	First	Middle
Social Security Number: _____		
Position Applying for: _____		
Home Phone Number: _____		Mobile Number: _____
Email Address: _____		
Current Address: _____		
Street		
City	State	Zip

If residing at current address for less than three years, please provide previous address:

_____	How Long? _____
Street City State & Zip	
_____	How Long? _____
Street City State & Zip	

Do you have the legal right to work in the United States?	Yes / No	Are you at least 18 years old?	Yes / No
Have you ever been employed by our company?	_____	If yes, When?	_____
Position	_____	Reason for leaving	_____
Did you work a two week notice?	_____		
Are you currently employed?	_____	When are you able to start work?	_____
How did you hear about us?	_____		
If it was through a referral, please provide the referral's name:	_____		
Expected rate of pay?	_____ (annually / hourly)		
Have you ever been convicted of a felony?	_____ If yes, please provide details of conviction, including offense, date of conviction, and any sentence served.		

EMPLOYMENT HISTORY

(please list **most current** employment first)

All applicants must provide complete information regarding three years previous employment history.

Applicants to drive a commercial motor vehicle (includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15_ passengers, or any size vehicle used to transport hazardous materials in quantity requiring placarding) in intrastate or interstate commerce shall also provide:

- A total **10 years** of previous employment as a driver
- Or, if you have been employed for less than ten years as a driver, please provided employment information for the period of time which you have had your DCL.
- If you have had your CDL less than three years, please provide at least three years of employment history.

Do not leave any gaps between places of employment. If there are gaps, please provide explanation for the gaps on the following page.

Name of company:	Employment Date
Company address:	From: To:
City State Zip	Position:
Supervisor's name:	Salary/wage:
Company Phone Nbr: Fax:	Reason for leaving:
Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	
<i>May we contact this employer for a reference check?</i>	<i>Yes / No</i>

Name of company:	Employment Date
Company address:	From: To:
City State Zip	Position:
Supervisor's name:	Salary/wage:
Company Phone Nbr: Fax:	Reason for leaving:
Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	
<i>May we contact this employer for a reference check?</i>	<i>Yes / No</i>

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Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	
<i>May we contact this employer for a reference check?</i>	<i>Yes / No</i>

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Company address:	From: To:
City State Zip	Position:
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Company Phone Nbr: Fax:	Reason for leaving:
Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	

May we contact this employer for a reference check? Yes / No

Name of company:	Employment Date
Company address:	From: To:
City State Zip	Position:
Supervisor's name:	Salary/wage:
Company Phone Nbr: Fax:	Reason for leaving:
Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	

May we contact this employer for a reference check? Yes / No

Name of company:	Employment Date
Company address:	From: To:
City State Zip	Position:
Supervisor's name:	Salary/wage:
Company Phone Nbr: Fax:	Reason for leaving:
Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	

May we contact this employer for a reference check? Yes / No

Name of company:	Employment Date
Company address:	From: To:
City State Zip	Position:
Supervisor's name:	Salary/wage:
Company Phone Nbr: Fax:	Reason for leaving:
Where you subject to Federal Motor Carrier Safety Regulations? Yes / No	

May we contact this employer for a reference check? Yes / No

If you have any gaps in your employment, provide explanation for those gaps below.

Driver's rights to review Previous Employer Provided Information

You have a right to review information provided to this company by any previous employer.

You have a right to have any errors in the information reported corrected by the previous employer and have the previous employer re-send the corrected information to the prospective employer

You have a right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

EDUCATION

High School Information

Name of school attended: _____ City, State: _____

Did you graduate? Yes / No If no, what is the highest grade completed _____

If you did not graduate, did you receive your GED? Yes / No

Additional Education / Training Information:

Have you attended College/Technical/vocational School? Yes / No

Please list the school's name: _____

City, State: _____

Dates Attended: _____

Did you graduate? Yes / No If No, Now long did you attend? _____

If yes, please specify what degree and major _____

Please list any trucking, transportation, or other equipment experience you have: _____

List courses, training or certifications you have obtained that will assist you in the position applying for:

Please read and sign the following acknowledgment regarding the information you provided.

This certifies that this application was completed by me, and to the best of my knowledge, all information provided is true in its entirety.

I authorize you to make such investigations and inquiries of my personal, and employment financial history as necessary in arriving at an employment decision.

In the event that I have misled the company based on false or inaccurate information provided within the application I have completed, I understand that I can be denied being hired or discharged from employment if I have already began employment with the company.

Signature of applicant

(Date)

DRIVING EXPERIENCE & QUALIFICATIONS

(To be completed by applicants who are applying for positions that will involve driving for the company)

Drivers Licenses

State	License Nbr	Type / Class	Endorsement(s)	Expiration Date	Nbr of years you have had CDL

Are you of the legal age to drive a commercial vehicle? Yes / No
 Is your CDL license current and active Yes / No
 Do you have a current Hazardous Material Endorsement Yes / No

Accident History - list all accidents for the past 3 years or more. Attach separate sheet if more space is needed.

Date	Nature of Collision	Fatalities (Yes / No)	Injuries (Yes / No)

Traffic Convictions or Forfeitures - List all convictions or forfeitures for past 3 years (other than parking tickets). Attach separate sheet if more space is needed.

Date	Location	Charge	Penalty

Driving Experience - If you do not have experience driving the following vehicles, please indicate.

Class of Equipment	Type of Equipment (van, tank, flat, etc)	Dates:		Approx Nbr of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Motorcoach-School Bus				
Other _____				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No
(If yes, please provide details on attached separate sheet of paper)
 Has any license, permit or privilege ever been suspended or revoked? Yes / No
(If yes, please provide details on attached separate sheet of paper)

List States you have operated a commercial vehicle in for the last five years: _____

Please list any special driving-related training courses which you have completed: _____

Please list any safe driving awards which you have received. _____

In the event that I have misled the company based on false or inaccurate information regarding my driving history, I understand that I can be denied being hired or discharged from employment if I have already began employment with the company.

 Signature of applicant

 (Date)