



If Applying for a drivers position please full out this section:

	Yes	No
Do you have a current CDL?		
Do you have any restrictions on your CDL?		
What state is your CDL issued in?	_____	
License #	_____	
How many points do you have on your CDL?	_____	
If any points, list infractions	_____	
_____		
What endorsements do you have on your CDL?	_____	
_____		

**Emergency Contact**

Name:

Last	First	Phone #
_____	_____	_____

Relationship to applicant \_\_\_\_\_

**Acknowledgement (Please read carefully)**

I hereby certify that the information contained in this application form and any attachments listed below(here after made a part of the application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization and affiliated unless I have indicated to the contrary. I authorize the references listed above to provide any and all information concerning my previous employment and any pertinent information that they may have. Further I release all parties, affiliates and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the organization or any of it's affiliates, agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on the application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

If sending this application by e-mail I acknowledge that I have read the above statement and agree that by checking the "yes" box below it will act as my signature acknowledging that all information is true and accurate.

Yes	No