

Name and Address			
Full Name (First, MI, Last)		Birth Date	Social Security Number
Mailing Address			
City, State and Zip Code			
Telephone	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Alternate Phone
			<input type="checkbox"/> Home <input type="checkbox"/> Cell
Email		Best way to contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email
If at the above residence for less than 3 years, please list all residences for the past 3 years. Attach a separate sheet if necessary.			
Mailing Address			
City, State and Zip Code			
Job Type			
What position are you applying for?		How many hours can you work per week?	
I am seeking a	<input type="checkbox"/> Full-time job	<input type="checkbox"/> Part-time job	<input type="checkbox"/> Full or Part-time job
Willing to work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long are you willing to be away from home?	
Additional Information			
Have you ever been employed by this organization in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen or a Foreign National with authorization to work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License number	State	Expiration Date	
Do you have a commercial Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class?	
Do you have box truck or tractor trailer driving experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many years?	
Do you have any other type of motor vehicle experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Please list all experience.			
Have you had vehicle accidents in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	
If yes, Please explain.			
Have you had moving violations in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	
If yes, Please explain.			
Have you been denied a license or driving privilege?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year?	
If yes, Please explain.			
Has your license ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year?	
If yes, Please explain.			

**Military**

Have you ever served in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date discharge
Specialty			

**High School Education**

School	Location	Graduated	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**College or Technical School**

School	Location	Years	Major	Degree

**Work Experience**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Company	Name of supervisor	Hours/week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Phone number	Your last job title	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

Reason for leaving (be specific)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name and Phone
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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?  Yes  No

Was the previous job position designated as a safety sensitive function in an DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**Work Experience (continued)**

Company	Name of supervisor	Hours/week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Phone number	Your last job title	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

Reason for leaving (be specific)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name and Phone
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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?  Yes  No

Was the previous job position designated as a safety sensitive function in an DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**Work Experience (continued)**

Company	Name of supervisor	Hours/week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Phone number	Your last job title	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

Reason for leaving (be specific)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name and Phone
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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer?  Yes  No

Was the previous job position designated as a safety sensitive function in an DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**References**

Full name	Phone number	Relationship

How did you learn of this position?

*I certify that all information, answers and statements on this application are true and complete to the best of my knowledge. I understand that should this application contain any false or misleading information, my application may be rejected or my employment with Zenith Express will be terminated. Zenith Express is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. DRIVER'S RIGHTS TO REVIEW BACKGROUND CHECK - Per FMCSR 391.21(d) and (e) I understand Zenith Express, Inc. may use the information provided on this application and my prior employers may be contacted, for the purpose of investigating my safety performance history information. Zenith Express, Inc. will notify me in writing of my due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You, the applicant, have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective motor carrier; (iii) The 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. In conjunction with my potential employment at Zenith Express, Inc. I consent to the release of my Motor Vehicle Record (MVR) to Zenith Express. I understand Zenith Express, Inc. will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to Zenith Express, Inc. This consent is given in satisfaction of Federal Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.*

Signature	Date
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