

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company: Tampa Container Transport

(answer all questions)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, nation origin, age marital status, or the presence of a non-job related medical condition or handicap.

Position(s) Applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_

Phone: \_\_\_\_\_  
State Zip

ADDRESS \_\_\_\_\_ How  
Long? \_\_\_\_\_

FOR PAST \_\_\_\_\_  
State & Zip Street City

THREE \_\_\_\_\_ How  
Long? \_\_\_\_\_

YEARS \_\_\_\_\_  
State & Zip Street City

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

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Truck 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 your last  
employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_\_

How much time lost from work in past three years? \_\_\_\_\_

Would you be willing to take a physical examination? \_\_\_\_\_

## ACCIDENT RECORD

Accident Record For Past 3 Years Or More (Attach Sheet If More Space Is Needed)

Fatalities	Dates Injuries	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)
Last Accident	_____	_____
Next Previous	_____	_____
Next Previous	_____	_____

Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations)

Charge	Location	Penalty	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8  
2 3 4

High School: 1 2 3 4

College: 1

Last School Attended: \_\_\_\_\_  
(Name)

(City)

## EXPERIENCE AND QUALIFICATIONS--DRIVERS

Expiration Date                      State                      License No.                      Type

\_\_\_\_\_  
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

Class Of Equipment	Type Of Equipment	Dates	
Approx. No. Of Miles	(Van, Tank, Flat, Etc.)	From	To
(Total)			
Straight Truck			
Tractor and Semi-Trailer			
Tractor - Two Trailers			
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 might help in your 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):

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

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 a vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

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### EMPLOYER

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DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

-

### EMPLOYER

---

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

-

### EMPLOYER

---

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

-

### EMPLOYER

---

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR  
LEAVING: \_\_\_\_\_

- \_\_\_\_\_  
EMPLOYER

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR  
LEAVING: \_\_\_\_\_

- \_\_\_\_\_  
EMPLOYER

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR  
LEAVING: \_\_\_\_\_

- \_\_\_\_\_  
EMPLOYER

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
FROM: MO: YR: \_\_\_\_\_ TO: MO: YR: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ REASON FOR  
LEAVING: \_\_\_\_\_

\*Includes vehicle having a GVWR of 26,001 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.

## 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 inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

**Tampa Container Transport**

**7341 Spring Hill Dr. #3010  
Spring Hill, FL 34611**

**PH 352 835 0399  
FAX 727 350 9464**

**RELEASE OF INFORMATION**

**NOTE: THIS DOCUMENT MUST BE RETURNED WITH YOUR COMPLETED AND SIGNED COMMERCIAL DRIVER AGREEMENT.**

I hereby acknowledge that TAMPA CONTAINER TRANSPORT may request the following information from any prior employer or any of their respective agents and employee's as required by 49 CFR 382.413;

1. Any positive result from a controlled substance or alcohol test and the date of such test; and
2. Any refusals to take a controlled substance or alcohol test and the date of the refusal.

I understand that my refusal to sign this release will disqualify me from obtaining a commercial driving position with TAMPA CONTAINER TRANSPORT.

I hereby authorize and consent to TAMPA CONTAINER TRANSPORT obtain any and all information that may be required regarding my driving experience, personnel record, and/or character without recourse. I understand that if qualified, any misrepresentation or false statement on my COMMERCIAL DRIVER AGREEMENT revealed at a later date shall be considered sufficient cause for disqualification or termination. I also understand that this release in no way assures that applicant will be qualified as a COMMERCIAL DRIVER for TAMPA CONTAINER TRANSPORT.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for release information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understood, and agree to all the provisions of this form.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ SS#: \_\_\_\_\_