

**Maverick Aviation Group**  
**Driver Application for Employment**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In Compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions with out regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability, or any other protected group status.

**TO BE READ AND SIGNED BY THE APPLICANT**

I authorize you to make such investigations and inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal from liability in responding to inquires and releasing information 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

\*Review information provided by previous employers

\*Have errors in the information corrected by previous employers and for those pervious employers to re-send the corrected information to the prospective employer; and

\*Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

Date: \_\_\_\_\_

**FOR COMPANY USE**

**Process Record**

Applicant Hired: \_\_\_\_\_

Rejected: \_\_\_\_\_

Date Employed: \_\_\_\_\_

(If rejected, summary or report of reasons should be placed in file.)

Signature of Interviewing Agent: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated: \_\_\_\_\_

Dismissed: \_\_\_\_\_

Voluntarily Quit: \_\_\_\_\_

Other: \_\_\_\_\_

Termination report placed in File \_\_\_\_\_

Supervisor: \_\_\_\_\_

## Applicant to Complete

Position(s) Applied for:

\_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Do you have the legal right to work in the United States?  Yes  No

Date of Birth \_\_\_\_\_ (Required for Commercial Drivers) Can you provide proof of age?  Yes  No

Have you worked for this company before?  Yes  No Where? \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Are you currently employed?  Yes  No If not, How long since leaving your last employment? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there a reason you might not be able to perform the functions of the job for which you have applied (as described in the attached job description)  Yes  No

If yes, explain:

### Employment History:

All driver applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years of employment history pertaining to driving a CDL.

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone : \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employment History Continued:**

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone : \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone : \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone : \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone : \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Accident Record:** for the past three years (attach sheet if more space is required). If none, write none.

| <u>Dates</u>         | <u>Nature of Accident</u> | <u>Fatalities</u> | <u>Injuries</u> |
|----------------------|---------------------------|-------------------|-----------------|
| Last Accident: _____ | _____                     | _____             | _____           |
| Next Previous: _____ | _____                     | _____             | _____           |
| Next Previous: _____ | _____                     | _____             | _____           |

**Traffic Convictions:** and Forfeitures for the past three years (other than parking violations. If none, write none.

| <b>Location</b> | <b>Date</b> | <b>Charge</b> | <b>Penalty</b> |
|-----------------|-------------|---------------|----------------|
| _____           | _____       | _____         | _____          |
| _____           | _____       | _____         | _____          |
| _____           | _____       | _____         | _____          |

**Education:**

**Highest Grade Completed:** \_\_\_\_\_

**Last School Attended and Location:** \_\_\_\_\_

**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.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_