



Driver's Application For Employment

Aviation Express, Inc
3050 E Hwy 316, Citra, FL 32113

Applicant's Full Name _____ Date _____

In compliance with Federal and State equal employment opportunities laws, we do not discriminate qualified applicants on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other legally protected group status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

TO BE READ AND SIGNED BY APPLICANT

I authorize *Aviation Express, Inc.* to obtain information of my character, personal, previous employment, credit, previous drug and alcohol tests, driving records, and/or medical history, and any other related information which may be relevant in determining my employment eligibility. I understand that these reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I hereby release all current and previous employers, health care providers and other personnel from all liability in responding to inquiries and releasing information in connection with my application. *Aviation Express, Inc.* may also share my personal information to a disclosed agency for which information is requested in the course of a background check.

I understand that I have the right to review information provided by previous employers, have errors corrected and re-sent, and have a rebuttal statement attached to alleged erroneous information.

Signature of Applicant _____ Date _____

FOR COMPANY USE

PROCESS RECORD

HIRED

REJECTED

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER _____

(IF REJECTED, REPORT INCLUDING REASONS SHOULD BE PLACED IN FILE)

TERMINATION OF EMPLOYMENT

DISMISSED

VOLUNTARILY QUIT

OTHER _____

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

TERMINATION REPORT FILE _____ SUPERVISOR _____

APPLICATION (PLEASE PRINT ALL ANSWERS)

Position(s) Applied For _____ Date _____
Name _____ SSN _____
Last First Middle

E-mail Addresses _____ Phone Number () - _____
Date of Birth _____ Can you provide proof of age? YES NO
(Required for commercial drivers)

Home addresses for the past 3 years

Current Address
Address _____ From _____ To _____
Street City State MM/YY MM/YY

Previous Address(es)
Address _____ From _____ To _____
Street City State MM/YY MM/YY

Address _____ From _____ To _____
Street City State MM/YY MM/YY

Address _____ From _____ To _____
Street City State MM/YY MM/YY

If selected for employment, can you provide proof of legal right to work in the US? YES NO

Have you worked for this company before? YES NO

If yes, please provide the following information:

Where _____ From _____ To _____

Rate of Pay _____ Position _____ Department _____

Reason for leaving _____

Have you applied for a position at this company before? YES NO

If yes, please provide the following information:

Date _____ Position _____ Department _____

Are you currently employed? YES NO

If no, how long has it been since leaving your last place of employment? _____

Who referred you? _____ Expected rate of pay _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? YES NO

If yes, please provide a full explanation on a separate sheet of paper. Being convicted of a crime does not automatically restrict you from employment, we will consider all circumstances.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the job description]? YES NO

If yes, please explain if you wish _____

EMPLOYMENT HISTORY

Applicants to drive a vehicle in interstate commerce are required to fill out all information bellow regarding all employers of the **past 3 years**. You are required to list complete mailing address of each employer including office number, street, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce are required to provide an **extra 7 years** of information on those employers for whom the applicant operated such vehicle.

List all previous employers, starting with the most recent. Append additional sheets as necessary.

Company Name _____	From ____/____/____	To ____/____/____	
Address _____	Position Held _____		
Supervisor _____	Salary/Wage _____		
Phone Number (____) _____ - _____	Reason for Leaving _____		
Were you subject to FMCSRs while employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Company Name _____	From ____/____/____	To ____/____/____	
Address _____	Position Held _____		
Supervisor _____	Salary/Wage _____		
Phone Number (____) _____ - _____	Reason for Leaving _____		
Were you subject to FMCSRs while employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Company Name _____	From ____/____/____	To ____/____/____	
Address _____	Position Held _____		
Supervisor _____	Salary/Wage _____		
Phone Number (____) _____ - _____	Reason for Leaving _____		
Were you subject to FMCSRs while employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Company Name _____	From ____/____/____	To ____/____/____	
Address _____	Position Held _____		
Supervisor _____	Salary/Wage _____		
Phone Number (____) _____ - _____	Reason for Leaving _____		
Were you subject to FMCSRs while employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT HISTORY

Provide all accident records of the past **3 years and more**, starting with the most recent accident. Append additional sheets if more space is required. If none, write N/A.

DATE MM/DD/YY	NATURE OF ACCIDENT (UPSET, HEAD-ON, REAR- END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES

Provide all traffic convictions and forfeitures of the **past 3 years and more**, not including parking violations. Append additional sheets if more space is required. If none, write N/A.

DATE MM/DD/YY	LOCATION	CHARGE	PENALTY

DRIVER QUALIFICATIONS

Provide all driver's licenses or permits held in the **past 3 years**. Append additional sheets if more space is required. If none, write N/A.

STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION DATE MM/DD/YY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any of your licenses, permits or privileges ever been suspended or revoked? YES NO

If you answered yes to any of the two questions above, please provide details: _____

TWIC Certified: Card Number _____ Expiration Date _____

CDL Class A CDL Class B Endorsements _____

Any other safety training, special courses and/or licenses _____

Any safe driving awards you hold and from whom _____

