
Driver Requirements

Every individual that operates a vehicle that requires a class “A” commercial driver’s license must meet the following criteria:

- 1) Must be at least 25 years old
- 2) Must have at least 2 years class “A” experience
- 3) Must pass a pre-employment drug screen
- 4) Must possess a current DOT Physical card
- 5) Must complete a DOT packet
- 6) Must have no at fault accidents in the past 5 years
- 7) Must not have any DUI convictions in the past 4 years
- 8) Must have a satisfactory MVR
- 9) Must undergo a criminal background check
- 10) No more than 3 speeding tickets in the last 3 years.
No more than 1 speeding ticket in the past 12 months.
- 11) Must not have any Major Violations on driving record for the past 36 months.

Upon completion of this driver application, please save the file and email to paul@erltrucks.com, or print and mail a copy to 98 Railroad Street, Utica, New York 13502



98 Railroad Street | Utica, New York 13502
315735-9870 | www.ERLtrucks.com

EMPLOYEE APPLICATION

(ANSWER ALL QUESTIONS. PLEASE PRINT)

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Name _____ Date of Application _____
LAST FIRST MIDDLE

Position(s) Applied For _____

Home Phone _____ Cell Phone _____

Social Security # _____ Email _____

License Number _____ State Issued by _____

List your addresses of residence for the past three years.

Current	STREET	CITY	STATE	ZIP	YEARS THERE
Previous	STREET	CITY	STATE	ZIP	YEARS THERE
	STREET	CITY	STATE	ZIP	YEARS THERE
	STREET	CITY	STATE	ZIP	YEARS THERE

Do you have the legal right to work in the Unites States? _____

Date of Birth _____ Can you provide proof of age? _____
REQUIRED FOR TRUCK DRIVERS

Have you worked for this company before? _____ Where? _____
From _____ To _____ Rate of pay _____
Reason for leaving _____

Are you now employed? _____ If not, how long since last employment _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle (includes having a GVWR of 26,001 pounds or more, vehicles designed to transport fifteen or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding) in interstate or intrastate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle.

List employers in reverse order, starting with the most current.

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

Name			From:
Address			To:
City	State	Zip	Reason for Leaving
Contact Person	Phone Number		

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE – if none, write NONE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALIES	INJURIES
LAST ACCOUNT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS – if none, write NONE
(OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8
 HIGH SCHOOL: 1 2 3 4
 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List ALL DRIVER LICENSES YOU HAVE EVER POSSESSED

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR- TWO TRAILERS			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY 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)

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, 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 inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all inability in responding to inquiries 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.

_____ Date

_____ Applicant's Signature
