



PO Box 1276
STARKE, FL 32091
TELEPHONE: 904-964-6619
www.Davis-Express.com

Application Date:

Applicant Information		
In compliance with Federal and State Equal Employment Opportunity (EEO) 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.		
Full Name:		SS#:
Phone:		Cellular Phone:
Date of Birth:		Email Address:
List your addresses of residency for the past 3 years:		
Address:		Months:
Prev Address:		Months:
Prev Address:		Months:
Do you have a DWI or DUI on your Driver record at any time in the past? xxx If so, date DWI/DUI occurred:		
Have you ever been convicted of a crime? xxx If so, your explanation:		
Have you ever tested positive on a DOT drug or alcohol test, pre-employment or otherwise? xxx If so, date you tested positive:		
Are you currently employed? xxx If so, may we inquire of your current employer?		
Emergency Contact Information:		
Name:		Relationship:
Phone:		Workplace:
Who referred you to Davis Express?		

Employment History			
Please complete with your previous 10 years work history, starting with your most recent employer. Cover all time for the last 10 years. If you were unemployed for more than 30 days, indicate each of those time periods in one of the employer boxes.			
Employer 1			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 2			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 3			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 4			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			

Employment History (continued)			
Employer 5			
Name:		Employed From:	
Address:		Employed To:	
		Position:	
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 6			
Name:		Employed From:	
Address:		Employed To:	
		Position:	
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 7			
Name:		Employed From:	
Address:		Employed To:	
		Position:	
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 8			
Name:		Employed From:	
Address:		Employed To:	
		Position:	
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			

Employment History (continued)			
Employer 9			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 10			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 11			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			
Employer 12			
Name:			Employed From:
Address:			Employed To:
			Position:
Contact:		Phone:	Salary:
Were you subject to the FMCSRs while employed?			Reason for Leaving:
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			

Driver License Information

List the valid operating license in your possession:

CDL Class: State: Number: Expiration Date:

Have you ever lost your driving privileges? If so, explanation of driving privilege loss:

Do you possess a Haz/Mat Endorsement?

Driving Violations:

List below all moving violations you have received in the past 3 years:

Date	Offense	Location	Type of Vehicle

Traffic Accidents

Date	Nature of Accident	Fatalities	Personal Injury

Experience

Explain experience you have driving. If you have operated motor vehicle equipment, explain the types and name of states driven in.

Comments

Acknowledgment

This certifies 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. (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, health care providers and other persons from all liability 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Davis Express.

Applicant Signature: