



Answer all questions. Please print.

In compliance with Federal and State equal employment opportunity 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.

Personal Information

Last Name: _____ First Name: _____ MI: _____
Phone #: _____ Cell Phone: _____

List your addresses of residency for the past 3 years:

Current Address: _____ City: _____
State: _____ Zip: _____ How Long: _____

Previous Address: _____ City: _____
State: _____ Zip: _____ How Long: _____

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? (Required for Commercial Drivers)

- Yes
- No

Employment History

Have you worked for this Company before? _____

Where? _____

Dates: From _____ To _____ From _____ To _____

Rate of Pay: _____ Position: _____ Reason for Leaving: _____

Are you currently employed?

- Yes
- No

If not, how long since leaving last employment? _____

Who referred you? _____

Is there any reason you might be unable to perform the function of the job for which you have applied?

- Yes
- No

Reason: _____



Most Recent Work Experience

From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Position Held: _____ Type of Equipment: _____

Trailer Size: _____ Pay Scale: _____

Weekly Miles: _____ States Operated In: _____

Reason for Leaving: _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

- Yes
 No

From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Position Held: _____ Type of Equipment: _____

Trailer Size: _____ Pay Scale: _____

Weekly Miles: _____ States Operated In: _____

Reason for Leaving: _____

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

- Yes
 No

From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

Position Held: _____ Type of Equipment: _____

Trailer Size: _____ Pay Scale: _____

Weekly Miles: _____ States Operated In: _____



(.cont) Reason for Leaving:

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

- Yes
No

From (mm/dd/yyyy): To (mm/dd/yyyy):

Company Name:

Address: State: Zip Code:

Contact Person: Phone Number:

Position Held: Type of Equipment:

Trailer Size: Pay Scale:

Weekly Miles: States Operated In:

Reason for Leaving:

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

- Yes
No

From (mm/dd/yyyy): To (mm/dd/yyyy):

Company Name:

Address: State: Zip Code:

Contact Person: Phone Number:

Position Held: Type of Equipment:

Trailer Size: Pay Scale:

Weekly Miles: States Operated In:

Reason for Leaving:

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?

- Yes
No



Accident Record for Past 3 Years or More

Attach sheet if more space is needed. If none, write none.

Dates	Nature of Accident	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

Traffic Convictions & Forfeitures for the Past 3 Years

Other than parking violations. Attach sheet if more space is needed. If none, write none.

Dates	Location	Charge	Penalty

Experience and Qualifications - Driver

State	License Number	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

- C. Are you required by a court order, in any state, to pay Child Support or Alimony?
 - 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)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Tractor- two trailers				
Motor coach/School bus				
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

Show any trucking, transportation or other experience that may help in your work for this company:

Do you have any outstanding warrants?

- Yes
Nature: _____
- No

Have you ever been convicted of a felony?

- Yes
- No

If yes, complete following:

Date: _____ City: _____ County: _____ State: _____

Felony type: _____

Current Disposition: _____

Pursuant to 40.25(j), have you ever tested positive or refused an alcohol or controlled substance test in the past 3 years for previous employers or companies you have applied for employment?

- Yes
- No

If yes, did the prior company refer you to a Substance Abuse Professional for evaluation?

- Yes
- No

Did you follow-up with their recommendations?

- Yes
- No

Name and address of the Substance Abuse Professional: _____



TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me; all entries on it and information in it are true, correct, and complete to the best of my knowledge. I authorize the company to make such investigations & inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment position. 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d)(e). I understand I have the right to: review information provided by previous employers, have errors in the information corrected by previous employers, and for those employers to re-send corrected information to prospective employers, and have a rebuttal statement attached to the alleged erroneous information if there is non-agreement concerning the information.

Applicant's Signature

Date

Please return this form via one of the following methods:

- Email: safety@platinumexpressinc.com
- Fax: (937) 235-9589
- Mail: 2549 Stanley Ave., Dayton, OH, 45404