

**Return to:**

Starrett Service
Attn: Human Resources
P.O. Box 526, Massillon, OH 44648

OR

Email completed application to **sads@sssnet.com**

DRIVERS APPLICATION FOR EMPLOYMENT

(APPLICANTS ARE CONSIDERED WITHOUT REGARDS TO RACE, COLOR, SEX, RELIGION, AGE OR NATIONAL ORIGIN)
(answer all questions – **please print**)

FIRST NAME _____ **MI** _____ **LAST NAME** _____ **SS#** _____

ADDRESS _____
Street _____ City _____ State _____ Zip _____

HOME PHONE # _____ **CELL PHONE #** _____
(XXX) XXX-XXXX _____ (XXX) XXX-XXXX _____

IN CASE OF EMERGENCY NOTIFY _____ **PHONE #** _____
_____ (XXX) XXX-XXXX _____

ADDRESS LAST 3 YEARS _____ **HOW LONG** _____
Street _____ City _____ State _____ Zip _____

_____ **HOW LONG** _____
Street _____ City _____ State _____ Zip _____

_____ **HOW LONG** _____
Street _____ City _____ State _____ Zip _____

PHYSICAL HISTORY

DATE OF LAST PHYSICAL _____ **DOCTOR'S NAME** _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS, **IF YES, EXPLAIN:** (BACK INJURY – DIABETES – HEART DISEASE – VISION – ETC.)

HAVE YOU RECEIVED WORKER'S COMPENSATION? **IF YES, EXPLAIN:**

HOW MUCH TIME HAVE YOU LOST FROM WORK IN THE LAST 3 YEARS DUE TO INJURY?

VALID DRIVERS LICENSE

STATE	LICENSE #	CLASS	EXPIRES		
TWIC CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		TANKER ENDORSEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		U.S. PASSPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HAVE YOU EVER BEEN DENIED A LICENSE OR YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **IF YES, EXPLAIN:**

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? **IF YES, EXPLAIN:**

DRIVING EXPERIENCE

STRAIGHT TRUCK	VAN	YRS	FLAT	YRS	REGION(S)
TRACTOR TRAILER	VAN	YRS	FLAT	YRS	REGION(S)
OTHER		YRS		REGION(S)	

ACCIDENT RECORD (LAST 3 YEARS)

NATURE OF ACCIDENT

DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	INJURIES	FATALITIES
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NATURE OF ACCIDENT

DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	INJURIES	FATALITIES
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TRAFFIC CONVICTIONS (LAST 3 YEARS)

DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	CHARGE	PENALTY
DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	CHARGE	PENALTY
DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	CHARGE	PENALTY

HAVE YOU EVER BEEN CONVICTED OF DRUGS OR ALCOHOL? **IF YES, EXPLAIN:**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? **IF YES, EXPLAIN:**

EMPLOYMENT HISTORY

List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commercial shall provide 10 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order, starting with the most recent. Add another sheet as necessary.)

EMPLOYER	FROM	TO		
	Month	Year	Month	Year
POSITION HELD	SALARY/WAGE		REASON FOR LEAVING	
ADDRESS				
Street	City		State	Zip
CONTACT PERSON	PHONE #	JOB TITLE		
	(XXX) XXX-XXXX			
WERE YOU SUBJECT TO THE 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 THE 49 CFR PART 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	FROM	TO		
	Month	Year	Month	Year
POSITION HELD	SALARY/WAGE		REASON FOR LEAVING	
ADDRESS				
Street	City		State	Zip
CONTACT PERSON	PHONE #	JOB TITLE		
	(XXX) XXX-XXXX			
WERE YOU SUBJECT TO THE 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 THE 49 CFR PART 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	FROM	TO		
	Month	Year	Month	Year
POSITION HELD	SALARY/WAGE		REASON FOR LEAVING	
ADDRESS				
Street	City		State	Zip
CONTACT PERSON	PHONE #	JOB TITLE		
	(XXX) XXX-XXXX			
WERE YOU SUBJECT TO THE 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 THE 49 CFR PART 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a 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 10,0001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

PLEASE INDICATE LAST GRADE COMPLETED: ELEMENTARY HIGH SCHOOL GED COLLEGE

LAST SCHOOL ATTENDED

Name _____ City _____ State _____

I HAVE SERVED IN THE U.S. ARMED FORCES, _____ BRANCH, FROM _____ TO _____

TRADE/OTHER TRAINING: _____ FROM _____ TO _____

OTHER

DO YOU HAVE FULL KNOWLEDGE OF FEDERAL SAFETY REQUIREMENTS? YES NO

ARE YOU EMPLOYED NOW? YES NO WHEN WILL YOU BE AVAILABLE?

RATE OF PAY EXPECTED _____ WHO REFERRED YOU?

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentation of information given above shall be considered an act of falsification. I agree and understand that the employer or agents may investigate my background to ascertain any and all information or concern to my employment is factual. I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse. 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.

APPLICANT SIGNATURE

DATE

If filling out digitally – please type signature