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Lacy's Express, Inc.

26 E Mill St., Pedricktown, NJ 08067
(800) 522-9397

Application ID: **0**

Application For Employment

Job applied For *	First Name *	Middle	Last Name *	Social Security No. *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Present Address *	City *	State *	ZIP *	Years At This Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If at current address less than seven years, list below most recent addresses for the past seven years.

Previous Address	City	State	ZIP	Years At This Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address *	Date of Birth *
<input type="text"/>	<input type="text"/>

Phone No. *	Other Phone No.
<input type="text"/>	<input type="text"/>

Commercial Drivers License

Name - Exactly as it appears on your driver's license *	Maiden or other name used
<input type="text"/>	<input type="text"/>

CDL Type *	CDL Expiration Date *	Air Brake Restriction? *
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> None	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Endorsements (check all that apply) *	Years Experience for CDL Classification Currently Held *
<input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> X <input type="checkbox"/> P	<input type="text"/>

Current Driver's License Number *	Issuing State *	Current DOT Medical Card *	DOT Medical Card Expiration Date
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van	<input type="text"/>	Doubles	<input type="text"/>	Flatbed	<input type="text"/>
Tanker	<input type="text"/>	Reefer:	<input type="text"/>	Switching(yard tractor)	<input type="text"/>
Dump	<input type="text"/>	CDL B	<input type="text"/>		<input type="text"/>

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade or Business School	<input type="text"/>	<input type="text"/>	<input type="text"/>

List special courses or training that will help you as a driver:

List driving awards held and who presented them:

Additional Licenses

Drivers licenses held in the past 5 years must be shown.

State	License no.	Class	Endorsement(s)	Expiration date

Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied? *

Yes No - Have you ever been convicted for driving under the influence of drugs or alcohol? *

Yes No - Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years? *

Yes No - Have you ever been convicted of a felony or misdemeanor? *

Accident Review for Past 5 Years

	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries
Last Accident				

Traffic Convictions & Forfeitures for Past 5 Years

Location	Date	Charge(Other Than Parking Violations)	Penalty

Employment History

You must provide accurate dates of employment and phone numbers covering the last ten years (per DOT regulation). We cannot hire you without verifying employment. If you need to list additional employers, click "Add Another Employer" below.

EMPLOYER #1

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What?

Number of Months:

Equipment

Were you subject to the FMCSRs while employed by this employer? *

Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

Employment Gap

Description of Gap (What were you doing during this gap?) *

From Date (mm/yy) *

To Date (mm/yy) *

May we contact current employer?

Yes No

Authorization

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.

Signature name *

Review your signature

Date

2017-06-12 07:56:54