

Bryan Systems Application

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"/>

How did you hear about the job opening for which you are applying?:

Referred by:

Rate of pay expected:

Are you looking for full-time or part-time work?:
 Full-time Part-time

Are you physically able to perform all of the requirements of the job description for the position you are applying? Please answer only if you have read the job description for which you are applying.:
 Yes No

Are you currently employed? If not, how long have you been unemployed?:

Have you ever received unemployment compensation? If yes, for how long?:

Have you ever worked for our company before? If yes, when and what position? Reason for leaving?:

State names of any relatives employed by our company.:

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="text"/>	<input type="text"/>

H T N X P

Current Driver's License Number *

Issuing State *

Current DOT Medical Card *

DOT Medical Card Expiration Date

Yes No

Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van		Doubles		Flatbed	
Tanker		Reefer:		Switching(yard tractor)	
Dump		CDL B			

List the states in which you have operated a commercial motor vehicle over the past five (5) years:

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			

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? *

-Have you ever been disqualified from operating a motor vehicle for violations of the Federal Motor Carrier Safety Regulations?:

Yes No

Are you a U.S. citizen?:

Yes No

As a U.S. and Canadian bonded carrier, driver and dock applicants must answer the following questions: Have you ever been bonded? If yes, with what carrier?:

Have you ever been denied entry into Canada?:

Yes No

Are you able to travel to Canada? If no, please explain.:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Position Held *	From Date (mm/yy) *	To Date (mm/yy) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reason For Leaving *	<input type="text"/>		

Driving/Hauling Experience With This Employer

Hauling What?	Number of Months:	Equipment
<input type="text"/>	<input type="text"/>	<input type="text"/>

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) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

May we contact current employer? Yes No

By signing this application you certify that: 1) You possess only one license. 2) You must notify the carrier and state which issued your license within 30 days of a traffic violation (except parking) conviction. 3) You must provide 10 years of previous employment information. 4) You must notify the carrier the next business day after losing any privilege to operate a commercial motor vehicle. Applicants initial here: :

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE THE SELECTION PROCESS. I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND THAT, IF HIRED MY EMPLOYMENT AND RESULTING COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME AT THE OPTION OF EITHER BRYAN SYSTEMS OR MYSELF. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS OR IMPLICATIONS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DEINAL OF EMPLOYMENT/CONTRACT OR DISCHARGE. I UNDERSTAND INFORMATION I PROVIDE FROM PREVIOUS EMPLOYERS MAY BE USED AND MY PRIOR EMPLOYER'S MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY 49 CFR PART 391.23 THIS CERTIFIES THAT THE INFORMATION COMPLETED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Please Date and Initial :

In case of emergency notify (name and relationship):

Phone number:

Address:

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