



**CHAUFFEUR - APPLICATION FOR EMPLOYMENT**  
**BAUER'S INTELLIGENT TRANSPORTATION IS AN EQUAL OPPORTUNITY EMPLOYER**  
**PLEASE PRINT LEGIBLY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present address: \_\_\_\_\_  
Number Street City State Zip

Permanent address: \_\_\_\_\_  
(If Different from Present Address) Number Street City State Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position applied for: \_\_\_\_\_

Salary desired: \_\_\_\_\_

Days/Hours available to work:

ALL \_\_\_\_ or:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Available Holiday's:  YES  NO

FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME  TEMPORARY WORK

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_ To: \_\_\_\_\_

Would you be available to work overtime if necessary?  YES  NO

If hired, on what date can you start work? \_\_\_\_\_

How you hear about us? Company Website  Craigslist  Indeed  Other: \_\_\_\_\_

Were you referred by a Bauer's employee?  YES  NO If yes, by whom? \_\_\_\_\_

Have you ever applied to or worked for Bauer's before?  YES  NO If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Bauer's?  YES  NO

If yes, please state name and relationship? \_\_\_\_\_

Why do you want to work for Bauer's? \_\_\_\_\_

If hired, would you have reliable means of transportation to and from work?  YES  NO

Are you at least 18 years old?  YES  NO If you are applying for a Chauffeur position, are you at least 25 years old?  YES  NO

If hired, can you submit verification of your legal right to work in the United States?  YES  NO

Are you able to perform the essential functions of the job for which you are applying (either with or without reasonable accommodation)?  YES  NO

**EDUCATION AND TRAINING**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YRS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				

**DRIVER'S LICENSE INFORMATION**

Section 383.21 FMCSR states "no person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is below.

Driver's License Number	State of Issue	Expiration Date

Driver License Class:     C     B     A    If B or A, do you have a Passenger Endorsement?    YES    NO

Do you have any of the following restrictions?    48    64    76    74

If B or A, Medical Card expiration date: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    YES    NO

If yes, please explain \_\_\_\_\_

Has your Driver's License ever been suspended or revoked?    YES    NO

If yes, please explain \_\_\_\_\_

**ACCIDENT RECORD**  
(Attach Sheet If More Space Needed)

Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**  
(Attach Sheet If More Space Needed)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

#### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

#### EMPLOYMENT RECORD (Attach Sheet If More Space Needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

<b>Name of <u>last</u> employer:</b>	Name of last supervisor	Employment dates	
Address City, State, Zip Code Phone number		From: To:	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title:		
Reason for leaving (be specific):			
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>Name of <u>second last</u> employer:</b>	Name of last supervisor	Employment dates	
Address City, State, Zip Code Phone number		From: To:	

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title:
Reason for leaving (be specific):	
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode , subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>Name of <u>third last</u> employer:</b>	Name of last supervisor	Employment dates	
Address City, State, Zip Code Phone number		From: To:	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title:		
Reason for leaving (be specific):			
Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:			
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode , subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquires to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at the 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(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provided regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

This certifies that I completed this application, and that the entries on it and information in it are true and completed to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



Internal Use Only:

Interviewer \_\_\_\_\_

Manager Approval \_\_\_\_\_