



**Driver Application for Employment
Moutrie Trucking
P.O. Box 675
Mt. Pleasant, Iowa 52641
(319) 385-4779**

**In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, marital status, sexual orientation, non-job related disability or veteran status.*

Name: _____ Date of Application: _____

*DOB: _____ *Social Security Number: _____
If submitting this form electronically DO NOT fill in the the DOB or SSN for security reasons

Present Address: _____ How Long: _____

Previous Address (Last 3 Years): _____ How Long: _____

Previous Address (Last 3 Years): _____ How Long: _____

Email Address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Name of Person to be Notified in Case of Emergency: _____

Phone Number: (____) _____ Relationship: _____

Who referred you to our company? _____

When would you be available if your application for employment is accepted? _____

Have you ever been fired or asked to resign by an employer? ___ Yes ___ No
If yes, please explain _____

Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No (Conviction will not necessarily prevent employment). If yes, please explain _____

Employment History

All employment for the previous 10 years must be covered below, including all full and part time employment. All time must be accounted for including school, military service, self-employment, periods of unemployment, and time spent incarcerated for conviction of a crime. **Record your present or most recent employer first and list back in chronological order.** Be sure to complete all questions for each job.

- Note: 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 10,001 pounds 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.

EMPLOYER 1: Name: _____
Address (include street address, city, state and zip code): _____

Employment Dates: From _____ to _____ Contact Person: _____
Position Held: _____ Salary/Wage: _____
Reason for Leaving: _____
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER 2: Name: _____
Address (include street address, city, state and zip code): _____

Employment Dates: From _____ to _____ Contact Person: _____
Position Held: _____ Salary/Wage: _____
Reason for Leaving: _____
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER 3: Name: _____
Address (include street address, city, state and zip code): _____

Employment Dates: From _____ to _____ Contact Person: _____
Position Held: _____ Salary/Wage: _____
Reason for Leaving: _____
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER 4: Name: _____
Address (include street address, city, state and zip code): _____

Employment Dates: From _____ to _____ Contact Person: _____
Position Held: _____ Salary/Wage: _____
Reason for Leaving: _____
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 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No

Driving Experience

Class of Equipment	Dates From:	Dates To:	How Long	Approx. Miles Operated
Tractor and Semi-Trailer				
Straight Truck				
Tractor-Two Trailers				
Other				

List states operated in the last five years: _____
 Experience in: ___ Van ___ Flatbed ___ Refrigerated ___ Tanker ___ Other _____

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

Which safe driving awards do you hold and from whom? _____

List All Driver Licenses Held

Starting with your Current License

Operator's License Number	State	Type	Endorsements	Expiration Date

Have you ever had your license, permit or privilege to operate a motor vehicle denied, revoked or suspended? ___ Yes ___ No If yes, please explain _____

Have you ever refused to take a pre-employment, random, or reasonable suspicion test? ___ Yes ___ No

Have you ever tested positive for drugs or alcohol following a pre-employment, random, or reasonable suspicion test? ___ Yes ___ No

Accident Record for the Past 5 Years

List all accidents/incidents, whether you feel you were at fault or not.
 Failure to disclose information may result in termination.

Date (Start with most recent and list in chronological order)	Nature of Accident (Head-on, Rear-End, Etc)	# of Vehicles Involved	# of Injuries	# of Fatalities	Were you at Fault? Yes/No	Any Vehicles Towed Away? Yes/No

Traffic Violations/Convictions for the Past 5 Years

List all Violations/Convictions other than Parking Violations.

Failure to disclose information may result in termination.

Date	State/Location	Charge/Violation	Penalty/Penalty Amount

Are you able to do the following? If you respond No to any of the following questions, please explain in the comments section below.

- Operate a commercial vehicle for up to 11 hours per day? Yes No
 - Move freight weighing up to 70 lbs from floor level to shoulder height? Yes No
 - Pull a 5th wheel pin with an average of 200 lbs of force? Yes No
 - Pull yourself in the tractor at 60% of your body weight? Yes No
 - Reach shoulder level or above to load and unload freight for extended periods of time? Yes No
 - Climb in and out of a tractor or trailer 8 to 10 times per day? Yes No
 - Complete written daily record of duty status forms (logs)? Yes No
 - Conduct thorough pre-trip inspections on tractor and trailer? Yes No
 - Fuel and perform minor preventative maintenance on a tractor or trailer? Yes No
 - Operate a commercial motor vehicle at night? Yes No
 - Read, recognize, and obey traffic signs and electronic control devices? Yes No
- Please explain any "No" responses _____
- _____

Do you require any special accommodations? Yes No

If yes, please explain _____

Education

Highest grade completed: _____ College: _____

Last School Attended: _____

Did you attend a Truck Driving School? Yes No

If yes, Name School Attended: _____

Applicant's Statement

I understand that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. I authorize Moutrie Trucking representatives to make inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release all employers and persons named herein from all liability for any damages on account of their furnishing such information. 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 re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

I understand and agree that if I am hired as a company driver, I will be considered an employee only upon successful completion of a road test, physical & drug screen, and orientation. I further understand that if employed, I will be considered an Iowa based employee for all purposes of employment due to the facts that I was offered employment and was employed in the state of Iowa and that I will receive all work orders from a supervisor also based in Iowa, and will be paid from the corporate office in Iowa.

I certify 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. I understand that any falsification or omission of information shall result in termination of my candidacy or if hired, termination of employment.

Applicant's Signature: _____ Date: _____

If returning via email please type your name in the signature field above

Once the form is filled out please save and email to jen@moutrie.net