



2111 Two Notch Road
Lexington, SC 29072
803.359.9334

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> _YES	<input type="checkbox"/> _NO	PHONE:	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> _YES <input type="checkbox"/> _NO		
IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> _YES <input type="checkbox"/> _NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> _YES <input type="checkbox"/> _NO		
WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> _YES <input type="checkbox"/> _NO		
WHERE?	WHEN?	

REASON FOR LEAVING
NAME OF LAST SUPERVISOR AT THIS COMPANY
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

EMPLOYER 1

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP

STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	
MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

EMPLOYER 2

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		
MAY WE CONTACT YOUR SUPERVISOR?			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

EMPLOYER 3

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		
MAY WE CONTACT YOUR SUPERVISOR?			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if apply for the driver position

DATE OF BIRTH _____

THE U.S DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (391.31(Bx2))

SOCIAL SECURITY NUMBER _____

LICENSES

DRIVERS LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. HAVE YOU BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
 YES NO
- B. HAS ANY LICENSE, PERMIT, OR PRIVELEGE EVER BEEN SUSPENDED OR REVOKED?
 YES NO
- C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER REGULATIONS?
 YES NO
- D. IF YOU ANSWERED "YES" TO A, B, OR C, ATTACH A SEPARATE STATEMENT GIVING DETAILS
- E. DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE FROM	DATE TO	APPROXIMATE TOTAL MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILERS				

TWIN TRAILERS - LCVS				
OTHER				
<p>LIST STATE OPERATED DURING THE LAST FIVE YEARS</p> <p>LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER</p> <p>LIST DRIVING AWARDS HELD AND BY WHOM AWARDS WERE PRESENTED</p>				

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach separate sheet of paper if more space is needed).

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS.

LOCATION	DATE	CHARGE	PENALTY