

NEAL'S PALLET COMPANY, INC.

COMMERCIAL DRIVER APPLICATION

Applicant FULL Name ______ Date of Application _____

Home Phone	Mobile Phone		Email
	TO BE READ ANI	D SIGNED BY APPLICA	NT
reports, and other related matters as mathealth care providers and other persons application. In the event of employment may result in discharge. I understand that information I provide regarding currents.	ay be necessary in arri from all liability in res t, I understand that fa at I am required to ab rent and/or previous e	ving at an employment of sponding to inquiries and lse or misleading inform ide by all rules, by-laws, employers may be used,	decision. I hereby release employers, school, releasing information in connection with my ation given in my application or interview(s) and regulations of the Company. I understand and those employers(s) will be contacted for .23(d) and (e). I understand that I have the
Review information provided by previou	s employers;		
Have errors in the information corrected information to the prospective employed		rs and for those previou	s employers to re-send the corrected
Have a rebuttal statement attached to the accuracy of the information.	he alleged erroneous i	nformation, if the previo	ous employer(s) and I cannot agree on the
Signature		Date	
List your address of residency for the	·	LICANT INFORMATIO	N
Current address			How Long?
Street	City/State and Zip	code	
Previous address			How Long?
Street	City/State and I	Zip code	
Previous address	City/State and		How Long?
Sirect	City/State and	Zip code	
Date of Birth	Social Se	ecurity number	
Driver's License number	Class	State Issued	Expiration Date
Has your license, permit or privilege	ever been suspende	ed or revoked? Yes	No Year Suspended
When does your current DOT Medica	al Card expire?		

Have you ever been convicted	of a felony?		
If yes, please explain fully. Corconsidered.			ment. All circumstances will be
	DRI	VING EXPERIENCE	
Tractor and Semi-Trailer: Yes_	No If Yes f	for Tractor and Semi-Trailer, Ho	ow many years of experience
Straight Truck: Yes	No	Flatbed: Yes	No
		ASIC EDUCATION	
Circle highest grade completed	1: 1 2 3 4 5 6 7	8 9 10 11 12 College	e 1 2 3 4
HIGH SCHOOL ATTENDED			
COLLEGE or TRADE SCHOOL AT	TENDED		
	EMP	LOYMENT HISTORY	
address, street number, city, state and zip	code. al motor vehicle intrastate or in	nterstate commerce shall also provide an a	oyers during the past 3 years. List complete mailing additional 7 years of information on those
		EMPLOYER	
EMPLOYER NAME			
ADDRESS			
CITY	STATE	Z	ZIP CODE
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FN	ACRs** WHILE EMPLOY	YED? YES	NO
WAS YOUR JOB DESIGNATED A ALCOHOL TESTING REQUIREMI			ATED MODE SUBJECT TO DRUG AND
		EMPLOYER	
EMPLOYER NAME			
ADDRESS			
CITY	STATE	Z	ZIP CODE
CONTACT PERSON		PHONE NUMBER	
EMPLOYED FROM MO/YR_	TO MO/YR	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FN			
			TED MODE SUBJECT TO DRUG AND
ALCOHOL TESTING REQUIREMI	ENTS OF 49 CFR PART 4	10? YES NO	

EMPLOYER

EMPLOYER NAME			
CITY	STATE	ZIP CODE	
CONTACT PERSON	PHONE N	UMBER	
EMPLOYED FROM MO/YR	TO MO/YRREASON FO	R LEAVING?	
WERE YOU SUBJECT TO THE FM	1CRs** WHILE EMPLOYED? YES	NO	
WAS YOU JOB DESIGNATED AS	A SAFETY-SENSITIVE FUNCTION IN A	ANY DOT-REGULATED MODE SUBJECT TO DRUG	AND
ALCOHOL TESTING REQUIREME	ENTS OF 49 CFR PART 40? YES	NO	
	EMPLOYER		
EMPLOYER NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
CONTACT PERSON	PHONE N	UMBER	
		R LEAVING?	
WERE YOU SUBJECT TO THE FM	ACRs** WHILE EMPLOYED? YES	NO	
WAS YOU JOB DESIGNATED AS	A SAFETY-SENSITIVE FUNCTION IN A	ANY DOT-REGULATED MODE SUBJECT TO DRUG	AND
ALCOHOL TESTING REQUIREME	ENTS OF 49 CFR PART 40? YES	NO	
*Includes vehicles having a GVWR of 26,00 transport hazardous materials in a quantity		or more passengers (including the driver), or any size vehicle used	i to
property when the vehicle: (1) weighs or h		r vehicle on a highway in interstate commerce to transport passen ned or used to transport more than 8 passengers (including the dr carding.	
knowledge and understanding. I a that false or misleading information	acknowledge that Neal's Pallet Company	provided on this application is true, as to the best of ray, Inc. is an Employment at Will Employer. I understas) may result in discharge. I understand that I am reque., and of the State of North Carolina.	nd
Signature:	Dat	e:	