

# DAVIS DELIVERY SERVICE, INC.

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
PHONE \_\_\_\_\_

Davis Delivery Service, Inc. is an Equal Opportunity Employer embracing the idea of equal opportunity for all individuals regardless of age, race, color religion, national origin, sex, or physical or mental handicap (unless the handicap is a job related disqualifying factor).

This Application is for employment with Davis Delivery Service, Inc.

1. Name \_\_\_\_\_  
Last First Middle
2. Social Security Number \_\_\_\_\_
3. Address \_\_\_\_\_  
Street City State & Zip Code
4. In Case of Emergency, call (Name & Phone) \_\_\_\_\_
5. Have you worked for Davis Delivery Service before? ☐ Yes ☐ No
6. Are you currently employed? ☐ Yes ☐ No
7. If not currently working, how long since leaving your last job? \_\_\_\_\_
8. Have you ever been convicted of a felony? ☐ Yes ☐ No
9. Have you ever terminated your employment without proper notification ☐ Yes ☐ No

10. **EDUCATION**

	School Name & Location	Highest Grade Completed	Area of Study
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Elementary School			
High School			
College/University			
Driving School			

11. Date of Birth \_\_\_\_\_
12. Are you physically capable of heavy manual work? ☐ Yes ☐ No

## WORK HISTORY

List present and all previous employment over the last ten (10) years. List most recent employer first and work backwards. Use additional paper if necessary.

EMPLOYER			DATES	POSITION
Name			From	
Address			Mo.	Yr
City	State	Zip	To	
Phone Number		Fax Number	Mo.	Yr

  

Name			From	
Address			Mo.	Yr
City	State	Zip	To	
Phone Number		Fax Number	Mo.	Yr

  

Name			From	
Address			Mo.	Yr
City	State	Zip	To	
Phone Number		Fax Number	Mo.	Yr

  

Name			From	
Address			Mo.	Yr
City	State	Zip	To	
Phone Number		Fax Number	Mo.	Yr

  

Name			From	
Address			Mo.	Yr
City	State	Zip	To	
Phone Number		Fax Number	Mo.	Yr

  

Name			From	
Address			Mo.	Yr
City	State	Zip	To	
Phone Number		Fax Number	Mo.	Yr

### 14. ACCIDENTS

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

15. Traffic convictions and forfeitures for the past 3 years (other than parking violations). Attach sheet if more space is needed.

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

16. Experience and Qualifications.

<b>DRIVERS LICENSE NUMBER</b>	<b>STATE</b>	<b>CLASS</b>	<b>EXP. DATE</b>

17. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes  
☐ No

18. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

IF THE ANSWER TO EITHER OF THE LAST TWO QUESTIONS IS YES, ATTACH STATEMENT GIVING DETAILS

19. Driving Experience

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIPMENT</b> (van, tank, flat, etc)	<b>DATES</b> From - To	<b># OF MILES</b> (Approx)
STRAIGHT TRUCK			
TRACTOR/TRAILER			
TRACTOR/2 TRAILERS			
OTHER (LIST)			

20. List states operated in for last five years

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21. Show special courses or training that will help you as a driver:

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Which safe driving awards do you hold and from whom? \_\_\_\_\_

## **STATEMENT OF APPLICANT**

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I certify that the answers which I have given are true and complete to the best of my knowledge. I understand that false or misleading information given by me on this application or interview(s) may result in immediate termination.

I authorize the investigation and release of any and all information, documents and statements which I have given on this application and interview(s) which may be necessary in arriving at a decision to secure employment.

I agree to submit to physical examinations and all tests, which may be required by Davis Delivery Service, Inc.

If employment is secured, I agree to abide by all the rules and regulations of Davis Delivery Service, Inc., and I understand that I can have my employment terminated at any time without recourse for failure to abide by Davis Delivery Service, Inc. rules and regulations.

If employment is secured at Davis Delivery Service, Inc. and decide to terminate this employment voluntarily, I agree to give Davis Delivery Service, Inc. a two (2) week advance notice, and I understand that failure to give such required notice can result in whatever action is deemed necessary.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_