



[Town of Jackson](http://www.townofjackson.com)
 150 E Pearl, PO Box 1687
 Jackson, WY 83001
 307-733-3932/Personnel
www.townofjackson.com



450 W Snow King Ave
 Jackson, WY
 307-733-4521

DRIVER'S APPLICATION FOR EMPLOYMENT

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

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your address of residency for the past 3 years

Current Address _____
Street P.O. Box City
 _____ Phone _____ How Long? _____
State Zip

Previous Addresses _____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
 Required for Commercial Drivers

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding 3 years. List complete mailing, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM		TO	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM		TO	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM		TO	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM		TO	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM		TO	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

Includes vehicles having a GVWR of 26,002 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Highest Grade in School Completed _____

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____	_____	_____	_____	_____
TRACTOR & SEMI-TRAILER _____	_____	_____	_____	_____
TRACTOR - TWO TRAILERS _____	_____	_____	_____	_____
MOTORCOACH- SCHOOL BUS _____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies 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 authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires and releasing information in connection with my application.

I understand I will be required to successfully pass a pre-employment drug screening examination. I also understand that I will be entered into the Town of Jackson's Drug Free Workplace drug and alcohol testing program including pre-employment, post incident, and reasonable suspicion testing. I hereby consent to this pre-employment test and to any testing required for participation in this program. If my application is for a position that requires a Commercial Driver's License (CDL), I further understand that I will also be entered into the federally mandated drug and alcohol testing program that includes pre-employment, post incident, reasonable suspicion and random drug and alcohol testing. I hereby consent to this pre-employment test and to any testing required for participation in this program.

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.

Date

Applicant's Signature