

Employment Application**Applicant Information**

Full Name: _____ Date: _____
Last First M.I.

Full Name: _____ Maiden Name: _____
Last First M.I.

Application Type: Unilateral ☐ Joint ☐

Date of Birth: _____ Sex: _____

Current Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Previous Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone #1: _____ Phone #2: _____ E-Mail: _____

Date Available: _____ Social Security No: _____ Driver's License Number: _____

State DL Issued: _____ Date Issued: _____

Limp Impairment or Amputation? YES ☐ NO ☐

If yes, explain: _____

Are you a citizen of the United States? YES ☐ NO ☐ If not, are you authorized to work in the US? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment Record

Last Employer
Name: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Second Last
Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Third Last
Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

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Description of Operations

States of operation: _____

Type of Cargo: _____

Average period of driving time: _____

Type of operation (Sleeper, Team, Relay, etc.) _____

Number of years' experience driving type of vehicle in application: _____

Number of years driving all types of vehicles: _____

Description of Vehicle(s)

Vehicle type (truck, truck tractor, bus, etc.): _____ If bus, indicate seating #: _____

Capacity: _____ Make: _____ Model and Year: _____

Transmission Type _____ # of forward speeds: _____

If required with auxiliary transmission, please indicate: _____

Number of rear axle speed (designate single speed, 2-speed, 3-speed): _____

Type of brake system: _____

Steering: Manual Power Assisted

Number of semi-trailers or full-trailers to be pulled at one time: _____

Description of trailers (van, flatbed, cargo tank, lowboy, lope, dump, etc.): _____

Description of vehicle modifications: _____

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE
FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Signature: _____ Date: _____

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Driver Experience and Qualification

Driving Qualifications

State	License No.	Type	Expiration Date
Driver			
License			

Driving Experience

Class of equipment	Type of equipment (van, tank, flat, etc.)	Date from	Date to	Approx. Miles
Straight truck				
Tractor & Semi-Trailer				
Tractor two-trailers				
Other				

Accident records

Dates	Nature of accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 Years (other than parking violations)

Locations	Date	Charge	Penalty

- 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 A. and/or B. is yes, attach a statement giving details

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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Signature: _____ Date: _____

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