



## DRIVER EMPLOYMENT APPLICATION

Tucker Door & Trim, LLC is an equal opportunity employer and does not discriminate in hiring or employment based on race, color, religious creed, national origin, age, sex, marital status, physical or mental handicap, or veteran status. All statements on this application will be verified. Any misrepresentation or omission may be grounds for disqualification for employment consideration or continued employment. Fill in all items thoroughly.

### PERSONAL INFORMATION

(Please print in black or blue ink or type – **DO NOT** use pencil.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle or Maiden Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we contact you via email?  YES  NO

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any/all addresses of residency within the last 3 years:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years at address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years at address: \_\_\_\_\_

I have lived at my current address for more than 3 years.

Position Applied For: \_\_\_\_\_ Available Start Date: \_\_\_/\_\_\_/\_\_\_\_\_

Are you legally eligible to work in the United States?  YES  NO

*\*Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.*

How did you hear about us?  Employee Referral (list name): \_\_\_\_\_

Other (explain): \_\_\_\_\_

Have you ever been employed by Tucker Door & Trim, LLC before?  YES  NO

If YES, when and where? \_\_\_\_\_

Do you have any relatives who are currently employed with Tucker Door & Trim, LLC?  YES  NO

If YES, please provide name and relationship: \_\_\_\_\_

Have you ever been discharged from employment due to unsatisfactory work or conduct?  YES  NO

If YES, please explain: \_\_\_\_\_

Have you been convicted of a felony within the past 7 years?  YES  NO If YES, please explain:

\_\_\_\_\_

\_\_\_\_\_



**DRIVER EXPERIENCE AND QUALIFICATION INFORMATION**

(Attach separate sheet if more space is needed)

**Driver's License Information**

License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed above.

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

If YES, provide details: \_\_\_\_\_

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

If YES, provide details: \_\_\_\_\_

**Accident History (Last 3 years)**

Date (mm/yyyy)	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Hazardous Materials Spill? <input type="checkbox"/> YES <input type="checkbox"/> NO
____/____/____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
____/____/____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
____/____/____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

I have had no accidents in the past 3 years.

**Traffic Convictions and Forfeitures (Last 3 years)**

Date (mm/yyyy)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited bond, collateral and/or points)
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

I have had no traffic convictions and/or forfeitures in the last 3 years.

**Driving Experience**

Class of Equipment	Type of Equipment (check all that apply)	Dates (mm/yyyy)		Approximate Number of Miles
		From	To	
<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	____/____/____	- ____/____/____	_____
<input type="checkbox"/> Tractor & Semi-Trailer	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	____/____/____	- ____/____/____	_____
<input type="checkbox"/> Tractor – Two Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	____/____/____	- ____/____/____	_____
<input type="checkbox"/> Tractor – Three Trailers	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	____/____/____	- ____/____/____	_____
<input type="checkbox"/> Motorcoach/School Bus (Greater than 8 Passengers)	N/A	____/____/____	- ____/____/____	OR _____
<input type="checkbox"/> Motorcoach/School Bus (Greater than 15 Passengers)	N/A	____/____/____	- ____/____/____	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Tank <input type="checkbox"/> Flat	____/____/____	- ____/____/____	_____

I have no driving experience in the last 3 years



**EMPLOYMENT HISTORY**

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (for a total of ten years of employment history). **You are required to list the complete mailing address: street number and name, city, state, and zip code.** If you have had more jobs than space allows, complete a separate sheet in the same format and attach with your completed application.

Name of Organization or Firm: \_\_\_\_\_  
Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Were you subject to the FMCSRs\*\* while employed?  YES  NO  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

\*Between these jobs (if applicable):  Unemployed  In School  Other: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Name of Organization or Firm: \_\_\_\_\_  
Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Were you subject to the FMCSRs\*\* while employed?  YES  NO  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

\*Between these jobs (if applicable):  Unemployed  In School  Other: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Name of Organization or Firm: \_\_\_\_\_  
Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

\*Between these jobs (if applicable):  Unemployed  In School  Other: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

\*Any gaps in employment and/or unemployment must be explained.  
\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
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 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO  
 Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

\*Between these jobs (if applicable):  Unemployed  In School  Other: \_\_\_\_\_  
 From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Name of Organization or Firm: \_\_\_\_\_  
 Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
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 Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

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 From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Name of Organization or Firm: \_\_\_\_\_  
 Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Job Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
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 From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

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**EDUCATION**

Please select the highest level of education you have completed below:

- I did not complete high school or equivalent   
  High school or equivalent (GED)   
  Some college (no degree)  
 College diploma/certificate   
  Associate's degree   
  Bachelor's degree   
  Master's degree   
  Doctoral degree

School or University	Diploma/Degree/Certification (i.e. high school diploma, bachelor's)	Course of Study (i.e. Accounting, Engineering)
_____	_____	_____
_____	_____	_____
_____	_____	_____

State any additional information you feel may be helpful to us in considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

(List three (3) persons, other than relatives, who have knowledge of your work experience)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the entries and statements made by me on this application are, to the best of my knowledge, true, complete, and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by Tucker Door & Trim, LLC, if employed, may be considered as constituting grounds for disciplinary measures, including dismissal. I further understand that any offer of employment is subject to successful completion of a drug screen, and where necessary, other examinations and background investigations. Having applied for employment with Tucker Door & Trim, LLC, I do hereby agree and do give my consent that any person, firm, or organization listed herein is authorized to furnish Tucker Door & Trim, LLC with personal or reference material concerning my character, past employment, or any other information they so request and release them from any damages whatsoever for issuing same.

You may contact my present employer:     YES     NO

If I am hired and my employment with Tucker Door & Trim, LLC is terminated for any reason, I agree I am not permitted on Tucker Door & Trim, LLC property at any time and my presence on the premises would be considered trespassing. All final paperwork (i.e. COBRA benefits package, separation notices, etc.) will be mailed certified to the address on file. It is my responsibility to mail in my handbook and time-card to the attention of Human Resources at Tucker Door & Trim, LLC.

Signature of this certification and agreement permits Tucker Door & Trim, LLC to contact prior employers with exception to any present employer unless indicated above. By my signature, I am voluntarily agreeing to all aforementioned conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_