Driver Application

Lowry's Feed & Farm Supply · 1040 Hanover Drive, Madison, GA 30650 · 706-342-0265
lowrysfarmsupply.com

Please print clearly and complete every section. If a question doesn't apply to you, write "N/A." Attach additional sheets if you need more space.

Applicant information

DATE	POSITION APPLYING FOR
	☐ Driver ☐ Contractor ☐ Contractor's driver

FULL NAME (FIRST, MIDDLE, LAST)	
PHONE	EMAIL
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE

DATE OF BIRTH	SOCIAL SECURITY NUMBER	DOT PHYSICAL (MEDICAL CARD) EXPIRATION DATE

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Current & previous three years' addresses

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)	FROM	TO
PREVIOUS ADDRESS	FROM	TO
PREVIOUS ADDRESS	FROM	TO

Prior employment with us

Have you worked for this company before? ☐ Yes ☐ No	IF YES, FROM	TO

REASON FOR LEAVING

Education

CIRCLE THE HIGHEST GRADE COMPLETED

Grade school	1	2	3	4	5	6	7	8	9	10	11	12
College	1	2	3	4	**Post graduate**	1	2	3	4			

Employment history

Give a **complete record** of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years. Start with your present or most recent employer.

1

FROM (MO/YR)	TO (MO/YR)	PRESENT OR LAST EMPLOYER	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

2

FROM (MO/YR)	TO (MO/YR)	EMPLOYER NAME	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

3

FROM (MO/YR)	TO (MO/YR)	EMPLOYER NAME	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

4

FROM (MO/YR)	TO (MO/YR)	EMPLOYER NAME	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

5

FROM (MO/YR)	TO (MO/YR)	EMPLOYER NAME	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

6

FROM (MO/YR)	TO (MO/YR)	EMPLOYER NAME	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

7

FROM (MO/YR)	TO (MO/YR)	EMPLOYER NAME	COMPANY PHONE

POSITION HELD	ADDRESS

REASON FOR LEAVING

Were you subject to the FMCSRs while employed here? ☐ Yes ☐ No	Was your job a DOT safety-sensitive function subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Attach additional sheets for a full 10-year history, if needed.

Driving experience

CLASS OF EQUIPMENT	FROM	TO	APPROXIMATE NUMBER OF MILES
Straight truck			
Tractor & semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other:			

STATES OPERATED IN FOR THE LAST FIVE (5) YEARS

SPECIAL COURSES / TRAINING COMPLETED (PTD/DDC, HAZMAT, ETC.)

SAFE DRIVING AWARDS YOU HOLD, AND FROM WHOM

Accident record, past three (3) years

☐ *None* *Attach a sheet if more space is needed.*

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	LOCATION OF ACCIDENT	# OF FATALITIES	# OF PEOPLE INJURED

Traffic convictions & forfeitures, past three (3) years

☐ *None* *Other than parking violations.*

DATE	LOCATION	CHARGE	PENALTY

Driver's licenses held in the past three (3) years

STATE	LICENSE NUMBER	TYPE / CLASS	ENDORSEMENTS	EXPIRATION DATE

Additional questions

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	☐ Yes	☐ No
Has any license, permit or privilege ever been suspended or revoked?	☐ Yes	☐ No
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?	☐ Yes	☐ No
Have you ever been convicted of a felony?	☐ Yes	☐ No

IF YOU ANSWERED "YES" TO ANY QUESTION ABOVE, GIVE DETAILS

Job references

List three (3) people, other than family members, who have knowledge of your safety habits.

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

To be read and signed by applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

APPLICANT SIGNATURE	DATE

FOR OFFICE USE ONLY

RECEIVED BY	DATE RECEIVED	INTERVIEW DATE

REMARKS