

Mark Services Inc.  
200 So. Coddington  
Lincoln, NE 68522

## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant name \_\_\_\_\_

Date \_\_\_\_\_

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

### TO BE READ AND SIGNED BY APPLICANT

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

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.

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PROCESS RECORD

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Position \_\_\_\_\_ Classification \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date terminated \_\_\_\_\_ Dept. release from \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination report placed in file \_\_\_\_\_ Supervisor \_\_\_\_\_

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APPLICANT TO COMPLETE (answer all questions – please print)

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

List your addresses of residency for the past 3 years.

CURRENT ADDRESS

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Yr/mo.

PREVIOUS ADDRESSES

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Yr/mo.

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Yr/mo.

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip Yr/mo.

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

DATE OF BIRTH \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, please explain fully on a separate sheet of paper.  
Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Is there a reason you might be unable to perform the functions of the job for which you are applying? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address and phone number.

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.

List employers in reverse order, starting with the most recent. Add another sheet if necessary.

EMPLOYER				DATE			
Name				From		To	
Address				Mo	Yr	Mo	Yr
City	State		Zip	Position held			
Contact person			Phone #	Salary/wage			
Were you subject to the FMCSFs 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	
EMPLOYER				DATE			
Name				From		To	
Address				Mo	Yr	Mo	Yr
City	State		Zip	Position held			
Contact person			Phone #	Salary/wage			
Were you subject to the FMCSFs 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	
EMPLOYER				DATE			
Name				From		To	
Address				Mo	Yr	Mo	Yr
City	State		Zip	Position held			
Contact person			Phone #	Salary/wage			
Were you subject to the FMCSFs 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	
EMPLOYER				DATE			
Name				From		To	
Address				Mo	Yr	Mo	Yr
City	State		Zip	Position held			
Contact person			Phone #	Salary/wage			
Were you subject to the FMCSFs 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	
EMPLOYER				DATE			
Name				From		To	
Address				Mo	Yr	Mo	Yr
City	State		Zip	Position held			
Contact person			Phone #	Salary/wage			
Were you subject to the FMCSFs while employed?				YES		NO	
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EMPLOYER				DATE			
Name				From		To	
Address				Mo	Yr	Mo	Yr
City	State		Zip	Position held			
Contact person			Phone #	Salary/wage			
Were you subject to the FMCSFs 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	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, STARTING WITH THE MOST RECENT. ATTACH SHEET IF MORE SPACE IS NEEDED. IF NO ACCIDENTS, WRITE "NONE."

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS.) START WITH THE MOST RECENT. IF NONE, WRITE "NONE."

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

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 \_\_\_\_\_

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS A "YES", PLEASE GIVE DETAILS. \_\_\_\_\_

\_\_\_\_\_

## DRIVING EXPERIENCE

LIST STATES OPERATED IN FOR LAST 5 YEARS: \_\_\_\_\_

\_\_\_\_\_

LIST SPECIAL COURSES ON TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

\_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR MARK SERVICES: \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES FROM (m/y) TO (m/y)	APPROXIMATE NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK	YES	NO	Van, Tank, Flat, Dump, Reefer		
TRACTOR & SEMI-TRAILER	YES	NO	Van, Tank, Flat, Dump, Reefer		
TRACTOR + 2 TRAILERS	YES	NO	Van, Tank, Flat, Dump, Reefer		
TRACTOR + 3 TRAILERS	YES	NO	Van, Tank, Flat, Dump, Reefer		
MOTORCOACH/BUS	YES	NO	-		
OTHER _____			-		

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

## 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_