



**Application for Employment  
Transport Specialist**

BURNS MOTOR FREIGHT, INC. - P.O. BOX 149 - MARLINTON, WV 24954 - PHONE: (304) 799-6106  
www.burnsmotorfreight.com

**COMMERCIAL MOTOR VEHICLE DRIVER - APPLICATION FOR EMPLOYMENT**

*Applicant: Read and sign before submitting this application.*

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle A/C

Current Address \_\_\_\_\_  
Street or Box No. City State Zip

If at current address for less than 3 years, list previous address below:

Street or Box No. City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (DOT requirement for drivers.) Social Security Number \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**POSITION APPLYING FOR:**

- Over the Road
- Chip Haul
- Mount Hope
- Kingwood
- Local
- \_\_\_\_\_

Who referred you? \_\_\_\_\_

**EDUCATION:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: 1 2 3 4

Last school attended \_\_\_\_\_

Name Address/City Phone

**GENERAL**

Date of last DOT physical examination: \_\_\_\_\_ Have you been granted any type of medical waiver? Yes No

Have you ever been denied a license, permit or privilege to operate any motor vehicle? Yes No

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? Yes No

Have you ever been disqualified from driving for violations of the Federal Motor Carrier Safety Regulations? Yes No

Have you ever been convicted of a felony? Yes No  
*(Note: If yes, please explain fully on a separate piece of paper. A felony conviction will not automatically disqualify an applicant for employment)*

**EMPLOYMENT HISTORY**

The U.S. DOT requires applicants for driving positions list the last 3 years of employment history. This is regardless of the type of employment. Additionally, applicants must list any employment in the previous 10 years that involved truck driving (vehicles over 10,000 pounds).

Start with the **last** or **current** position, including any military experience and work back (Attach separate sheet if necessary).

Last Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Held \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs under this employer? \_\_\_ Yes \_\_\_ No

Did you perform a safety-sensitive function for this employer? \_\_\_ Yes \_\_\_ No

Next Previous Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Held \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs under this employer? \_\_\_ Yes \_\_\_ No

Did you perform a safety-sensitive function for this employer? \_\_\_ Yes \_\_\_ No

Next Previous Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Held \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs under this employer? \_\_\_ Yes \_\_\_ No

Did you perform a safety-sensitive function for this employer? \_\_\_ Yes \_\_\_ No

Next Previous Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Held \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs under this employer? \_\_\_ Yes \_\_\_ No

Did you perform a safety-sensitive function for this employer? \_\_\_ Yes \_\_\_ No

Next Previous Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Held \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs under this employer? \_\_\_ Yes \_\_\_ No

Did you perform a safety-sensitive function for this employer? \_\_\_ Yes \_\_\_ No

*If additional space is required to list all previous employer's please attach a separate sheet, include all information in same format as above.*

## COMMERCIAL VEHICLE DRIVING EXPERIENCE

### Driver's Licenses held in last three years:

State	License Number	Class/Endorsements	Expiration Date

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin				
Other				

### States Operated in:

*(List all states you have driven in as a truck driver)*

### Commodities Hauled:

*(List the types of commodities you have hauled as a truck driver)*

### Accidents in the last 3 years in any type of motor vehicle *(Attach a separate sheet if more space is needed)*.

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Injuries	Fatalities

### Traffic Convictions (other than parking) in the last 3 years in any type of vehicle

Location	Date	Charge	Penalty

Have you worked for this company before?    Yes    No    What Position? \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Have you worked for this company under a different name?    Yes    No    If yes, under what name? \_\_\_\_\_

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Names of any relatives working for this company: \_\_\_\_\_  
 Are you currently employed? Yes No If not, how long since you were last employed? \_\_\_\_\_

## APPLICANT MUST READ & SIGN

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of a record or not, and applicant releases employers and persons 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 provide such additional information and complete such examinations as may be required to complete my employment file.  
 I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.  
 This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE - DO NOT WRITE IN THIS SPACE

### PROCESS RECORD

Applicant hired? Yes No Date of Birth \_\_\_\_\_ (month/day/year)  
 Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
 Department \_\_\_\_\_ Classification \_\_\_\_\_  
 (If not hired, summary report of reasons should be placed in file)

### THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE

		Superior	Good	Below Fair	Average	Written Record on File
						Poor
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Policy & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Driver applicants only

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
 Dismissed  Voluntary Quit  Other   
 Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_