

American Paper & Twine Co.
7400 Cockrill Bend Blvd.
Nashville, TN 37209
Phone: (615) 350-9000
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COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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

List your addresses of residency for the past 3 years.

First Name: _____ Middle Initial: _____ Last Name: _____

SSN #: _____

Current Address

Street _____ City _____
_____ () - _____ How Long? _____
State Zip Code Phone

Previous Addresses

Street _____ City _____ State / Zip Code _____ How Long? _____
Street _____ City _____ State / Zip Code _____ How Long? _____
Street _____ City _____ State / Zip Code _____ How Long? _____
Street _____ City _____ State / Zip Code _____ How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth: _____ Can you produce proof of age?: _____
(Required for commercial motor vehicle drivers.)

Have you worked for this company before? _____ Where? _____

From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Currently employed? _____ If not, how long since leaving last employment? _____

Were you referred? _____ By whom? _____ Rate of pay expected _____

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)?

If yes, explain if you wish.

EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work for this company.

Any special equipment or technical materials you can work with (other than those already shown)

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.

I authorize you 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 and are 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.

Date

Applicant's Signature

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Applicant Hired	Yes	No	(circle one)	If yes, date of hire
Terminal location:				Classification:
Supervisor:				
IF APPLICANT IS NOT HIRED, REPORT REVIEW SHOULD BE PLACED IN FILE				

TO BE COMPLETED BY RESPONSIBLE COMPANY REPRESENTATIVE

SUPERIOR GOOD FAIR BELOW AVERAGE POOR WRITTEN RECORD ON FILE

APPLICATION						
INTERVIEW						
LAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL RECORD AND TRAFFIC CONVICTIONS						
PHYSICAL EXAM (DRIVER APPLICANTS)						

SIGNATURE OF INTERVIEWING REPRESENTATIVE: _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI				
TRACTOR 2 TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE.

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.

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)

EMPLOYER

DATE

NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT			PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER

DATE

NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT			PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER

DATE

NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
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EMPLOYER

DATE

NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT			PHONE NUMBER		REASON FOR LEAVING	

* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.