



**SOUTH  
ALABAMA  
CONTRACTING**

## Employment Application

### Applicant Information

First Name		Middle Name		Last Name		
Phone		Email				
Date of Birth		Social Security #				
Date of Application		Position Applied			Date Available	
Desired Salary		Have you ever worked for this company?		Yes	No	When?
Are you a citizen of the United States?	Yes	No	If no, are you authorized to work in the U.S.?		Yes	No
Have you ever been convicted of a felony?	Yes	No	If yes, explain?			

### Previous Three Years Residency

Attach additional sheet if more space needed

	Street	City	State	Zip Code	# of years at address
Current					
Mailing					
Previous					
Previous					
Previous					

### Education

School	Name & Location	Course of Study	Years Complete	Graduated		Details
High School				Yes	No	
College				Yes	No	
Other				Yes	No	

References			
Please list three professional references.			
Name		Phone	
Address			
Relationship		Email	
Company		Years Known	

Name		Phone	
Address			
Relationship		Email	
Company		Years Known	

Name		Phone	
Address			
Relationship		Email	
Company		Years Known	

Previous Employment				
Current (Most Recent) Employer				
Name		Phone		
Address				
Position Held		From Mo/Yr	To Mo/Yr	
Reason for Leaving				Salary
Explain any Gaps in Employment (include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Second (Most Recent) Employer				
Name		Phone		
Address				
Position Held		From Mo/Yr	To Mo/Yr	
Reason for Leaving				Salary
Explain any Gaps in Employment (include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Third (Most Recent) Employer					
Name				Phone	
Address					
Position Held			From Mo/Yr		To Mo/Yr
Reason for Leaving					Salary
Explain any Gaps in Employment (include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

Military Service				
Branch	Rank	Type of Discharge	Date From	Date To
If other than honorable, explain:				

## CDL ONLY

License Information				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach				
State	License #	Type/Class	Endorsements	Expiration Date
PREVIOUS HELD LICENSE				

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, ETC.)	Date From	Date To	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				

Tractor & 2 Trailers				
Tractor & Tanker				
Other				

Accident Record				
Attach an additional sheet if more space is needed. Check this box if None <input type="checkbox"/>				
Dates (list most recent first)	Attach additional sheet if more space is needed. Check this box if none <input type="checkbox"/>	# Fatalities	# Injuries	Chemical Spills Y/N

Traffic Convictions and forfeitures for the past 3 years (other than parking violations)			
Attach an additional sheet if more space is needed. Check this box if None <input type="checkbox"/>			
Date Convicted (Month / Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral, and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any license, permit, or privilege ever been suspended or revoked? If yes, explain	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- ☐ Review information provided by current/prior employers;
- ☐ Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature:		Date	
Applicant Name (printed)			