



# A1 ORGANICS

## COMMERCIAL DRIVER APPLICATION

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### APPLICANT INFORMATION

NAME \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

#### CURRENT & PREVIOUS THREE YEARS ADDRESSES:

|       |            |          |
|-------|------------|----------|
| _____ | FROM _____ | TO _____ |
| _____ | FROM _____ | TO _____ |
| _____ | FROM _____ | TO _____ |

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_

#### EDUCATION HISTORY:

Please 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.

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
 From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (        ) \_\_\_\_\_

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Mo/Yr                  Mo/Yr                  Present or Last Employer  
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Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Company phone (        ) \_\_\_\_\_

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Mo/Yr                  Mo/Yr                  Present or Last Employer  
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Position Held \_\_\_\_\_ Address \_\_\_\_\_  
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Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
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*(Attach additional sheets for 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                     |      |    |                             |

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

| Date of Accident | Nature of Accidents<br>(Head on, rear end, etc) | Location of Accident | # of Fatalities | # of People Injured |
|------------------|---|----------------------|-----------------|---------------------|
|                  |   |                      |                 |                     |
|                  |   |                      |                 |                     |
|                  |   |                      |                 |                     |
|                  |   |                      |                 |                     |

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |

**Driver's License (list each driver's license held in the past three(3) years:**

| State | License | Type | Endorsements | 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  
 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 crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list EACH conviction (felony/misdemeanor) separately and state convicted in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A conviction will not necessarily result in denial of employment).

**Job References**

List three (3) persons for references, 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:**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if hired by my Worksite Employer, I am entering into a co-employment relationship with my Worksite Employer and OnePoint Solutions.

I understand that, as a condition of my consideration for employment with my Worksite Employer, or as a condition of my continued employment with my Worksite Employer, my Worksite Employer may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, verification through the E-Verify program, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to my Worksite Employer's and its Agent's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, my Worksite Employer will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with my Worksite Employer. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I understand that my employment is at the will of the employer and may be discontinued at any time with or without cause.

Applicant's Signature \_\_\_\_\_ DATE \_\_\_\_\_