



**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION**

**Licenses (List all expired and unexpired)**

Drivers	State	License No.	Class	Endorsements	Expiration Date
Licenses held					
In past 3 years					
must be shown					

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

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg.  Yes  No

If you answered "yes" to A,B,C, attach a statement giving details.

**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 Trailers – LCV's				
Other				

List states operated in during last five years. \_\_\_\_\_

List special courses or training that will help you as a driver. \_\_\_\_\_

List driving awards held and who awards were presented by. \_\_\_\_\_

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**Accident Review for the past 3 years** (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(B)(10), (11)

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper in necessary)

Current Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
month/year month/year

Reason for Leaving: \_\_\_\_\_

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**MAINTENANCE EXPERIENCE & QUALIFICATIONS**

List courses and training in maintenance work. \_\_\_\_\_

**Job Function**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-Up and Rebuild			Electrical Repair		
Gas Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

**Shop Equipment**

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		
ASE Certification(s) (Specify)					

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PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

### Emergency Information

#### NOTIFY IN CASE OF AN EMERGENCY

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Edwards Moving & Rigging, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Edwards Moving & Rigging, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

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 of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.**

**Thank you for completing this application form and for your interest in our business.**