

Driver's Application for Employment

Applicant Name		Date of Application
Company		
Address		
City	State	Zip

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 will be 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 interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature

Date

FOR COMPANY USE ONLY	
PROCESS RECORD	
Applicant Hired <input type="checkbox"/>	Rejected <input type="checkbox"/>
Date Employed	Point Employed
Department	Classification
(if rejected, summary report of reasons should be placed in file)	
Signature of Interviewing Officer	

TERMINATION OF EMPLOYMENT		
Date Terminated	Department Released From	
Dismissed <input type="checkbox"/>	Voluntarily Quit <input type="checkbox"/>	Other <input type="checkbox"/>
Termination Report Placed in File <input type="checkbox"/>	Supervisor	

Miller's Textile Services Form

Document Name: Driver Application

Document Number: FHR19

Revision Level: 0

Approval:

Date Written: 5/1/09

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APPLICANT TO COMPLETE

(Answer All Questions)

Position(s) Applied For				
Last Name	First Name	Middle Name	Social Security No.	Phone Number
List your addresses of residency for the past 3 years.				
Current Address	City	State	Zip	How long? Yr/Mo
Previous Address	City	State	Zip	How long? Yr/Mo
Previous Address	City	State	Zip	How long? Yr/Mo
Previous Address	City	State	Zip	How long? Yr/Mo
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Birth (Required for Commercial Drivers)		Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you worked for the company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		
Dates Employed (From / To)		Rate of Pay	Position	
Reason for Leaving				
Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, how long since leaving last employment?		
Who referred you?		Rate of pay expected		
Have you ever been bonded? (Answer only if a job requirement)		Name of bonding company		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.				
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain if you wish.				
EMPLOYMENT HISTORY				
All driver applicants to drive in interstate commerce must provide the following information on all employers 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 as necessary.)				
Employer			Dates Employed	
Name		From	To	
Address		Position Held		
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer			Dates Employed	
Name		From	To	
Address		Position Held		
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Employer			Dates Employed	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer			Dates Employed	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer			Dates Employed	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer			Dates Employed	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer			Dates Employed	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Reason for Leaving	
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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Accident Record for past 3 years or more (attach sheet if more space is needed) If none, write NONE

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write NONE
(Attach sheet if more space is needed)

Location	Date	Charge	Penalty

Experience and Qualifications – Driver
List all driver licenses or permits held in the past 3 years

Driver Licenses	State	License No.	Type	Expiration Date

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

If the Answer to either A or B is Yes, Give Details

Driving Experience

Class of Equipment Check Yes or No	Type of Equipment Choose from drop down menu below	Dates		Approx. No. of Miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motorcoach – School Bus More than 8 Passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	-			
Motorcoach – School Bus More then 15 Passengers <input type="checkbox"/> Yes <input type="checkbox"/> No	-			
Other				

List States Operated in for Last Five Years

Show Special Courses or Training that will Help You as a Driver

Which safe driving awards do you hold and from whom?

Experience and Qualifications - Other

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

List courses and training other than shown elsewhere in this application

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

Education

Highest Grade Completed: Choose from the drop down menu for each level.

Grade School 1

High School 1

College 1

Last School Attended

Name

City

State

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.

Signature

Date