



ELITE ROOFING SUPPLY COMMERCIAL DRIVER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ Are you at least 18 years old? Yes No

CURRENT & PREVIOUS 7 YEARS OF HOME ADDRESSES:

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

EDUCATION HISTORY:

Please circle the highest grade completed: High School Diploma /GED, College Degree, Graduate Degree What Year?

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past (3) years and all commercial driving experience for the last 7 years. *(If you need more room, please list information on back of page 2)*

<p>Present or Last Employer: Name: _____</p> <p>Date Started: _____ Date Ended: _____</p> <p>Position Held _____ Address _____</p> <p>Reason for leaving _____ Company phone (____) _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed here? ____ Yes ____ No ____</p> <p>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? ____ Yes ____ No</p>

<p>Last Employer: Name: _____</p> <p>Date Started: _____ Date Ended: _____</p> <p>Position Held _____ Address _____</p> <p>Reason for leaving _____ Company phone (____) _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations while employed here? ____ Yes ____ No ____</p> <p>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? ____ Yes ____ No</p>
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Last Employer: Name: _____

Date Started: _____ Date Ended: _____

Position Held _____ Address _____

Reason for leaving _____ Company phone (____) _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? ____ Yes ____ 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? ____ Yes ____ No

DRIVING EXPERIENCE:

My most recent DOT physical was: Date: _____ **Expires:** _____

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			

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 Seven (7) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

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?

Has any license, permit or privilege ever been suspended or revoked?

Is there any reason you might be unable to perform the functions of the job for which you have applied?



To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and Elite Roofing Supply may deny employment on this basis or terminate employment if you have been hired by the time any misrepresentation is discovered by Elite Roofing Supply.

It is agreed and understood that the motor carrier or its agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of its furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, and applicable state laws, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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 understand that employment with Elite Roofing Supply is considered to be at-will, and my employment may end with or without notice, and for any lawful reason, or no reason at all.

Applicant Signature _____ **Date** _____

Elite Roofing Supply does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, military status, or any other protected characteristic under federal, state or local law, in any of its activities or operations. These activities include, but are not limited to, hiring, and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

If you require reasonable accommodation(s) for the application or interview process, please notify Elite Roofing Supply.