



420 Telfair Rd.  
P.O. Box 7179  
Garden City, Ga. 31418  
(912)966-1000  
(912)966-1300 Fax

**Personal and Contact Information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Previous Address (if residing at current address for less than two years also list previous address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you a United States Citizen? Yes                  No

Have you worked for Chemical South Transport before? Yes          No          Dates \_\_\_\_\_ - \_\_\_\_\_

Have you worked for Chemical South Transport under a different name? Yes          No

If so, under what name? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

In Case of Emergency please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12    College: 1 2 3 4

Last School Attended \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Have you ever been convicted of a felony? Yes          No

(Please see page 7 regarding this question)

If yes, please explain fully on a separate sheet of paper. Conviction of a crime does not automatically bar you from employment. All circumstances will be considered.

**Driver Experience & Qualification**

What is the expiration date of your DOT Card? \_\_\_\_\_  
 Is it a: 30 day      60day      90 day      1year      2 year      card?

**Licensure**

List all driver's licenses held in past 3 years

State	License #	Class	Endorsements	Expiration Date

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

If yes, Explain \_\_\_\_\_

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

If yes, Explain \_\_\_\_\_

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

Yes      No      If yes, Explain \_\_\_\_\_

**Driving Experience**

Type	Class of Equipment	Date to/from	Approximate Miles

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

List special courses or training that you have completed to help you as a driver  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List driver awards received and what company presented them  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accident Review**

List all accidents in the past 3 Years if extra sheet is needed, please stop here

Date	Nature of Accident	Fatalities	Injuries	Comments

**Traffic Convictions and Forfeitures**

List all incidents in the past 3 years other than parking violations.

Date	Location	Charge	Penalty	Comments

**Employment Record**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. You must also show commercial driver employment for seven years immediately preceding this three year period.(section 391.21(b)(10),(11)) Start with last or current position, including military experience, and work back. (Attach separate sheet of paper if necessary)

**Current Employer**

Position/Title	
Company	
Address	
Phone	
Supervisors Full Name	
Position Held	
Dates of Employment	

**Previous Employer**

Position/Title	
Company	
Address	
Phone	
Supervisors Full Name	
Position Held	
Dates of Employment	
Reason for Leaving	

**Previous Employer**

Position/Title	
Company	
Address	
Phone	
Supervisors Full Name	
Position Held	
Dates of Employment	
Reason for Leaving	

**Previous Employer**

Position/Title	
Company	
Address	
Phone	
Supervisors Full Name	
Position Held	
Dates of Employment	
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Position/Title	
Company	
Address	
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Supervisors Full Name	
Position Held	
Dates of Employment	
Reason for Leaving	

**Previous Employer**

Position/Title	
Company	
Address	
Phone	
Supervisors Full Name	
Position Held	
Dates of Employment	
Reason for Leaving	

**Pre-Employment Drug Testing Consent and Release Form**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Chemical South Transport in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Concentra/Martinez Urgent Care may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by Chemical South for analysis. I further agree to and hereby authorize the release of the results of said tests to the Chemical South Transport.

I understand that it is the current use of illegal drugs that prohibits me from being employed by Chemical South Transport.

I further agree to hold harmless Chemical South Transport and its agents (including the above named physician or clinic ) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Chemical South Transport's consideration of my application of employment.

Applicant  
Printed Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Must Read and Sign**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or information. I understand that, as applicant for a position for this company, I may be asked to demonstrate that I am capable of physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508; I have been told that this investigation may include an investigative 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 employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Notes**

A. The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased.

B. Criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, and adjudication as a youthful offender, a criminal charge that has been found not guilty or a conviction for which the person received an absolute pardon.

C. That any person whose criminal records have been erased shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings and may swear under oath.