



# DRIVER'S APPLICATION FOR EMPLOYMENT

PIGGLY WIGGLY ALABAMA DISTRIBUTING COMPANY INC.

2400 J. Terrell Wooten Drive, Bessemer, AL 35020

APPLICATION FOR EMPLOYMENT

PERSONAL (PLEASE PRINT PLAINLY)

**"MISREPRESENTATIONS AS TO PRE EXISTING PHYSICAL OR MENTAL CONDITIONS MAY VOID YOU WORKMEN'S COMPENSATION"**

The Civil Rights act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

Date of Application sdf

Name asdf  
Last First Middle Initial

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List your addresses of residency for the past 3 years.

Date of Birth        /        /         
Month Day Year

**Current Address** asdf  
Street City  
State Zip Phone ( )  
Area Code

**Previous Addresses**  
Street City State & Zip Code How Long? yr./mo.  
Street City State & Zip Code How Long? yr./mo.  
Street City State & Zip Code How Long? yr./mo.

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? \_\_\_\_\_

If yes, Describe in full \_\_\_\_\_

Who referred You? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Do you want to work fulltime or part time? \_\_\_\_\_ Specify days and hours if part time \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Date of last DOT Physical Examination \_\_\_\_\_

**Person to be notified in case of accident or emergency**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## 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	Mo/Yr	<b>Date</b>	Mo/Yr
Name	From	/	To /
Address	Position Held		
City	State	Zip	
Contact Person	Phone Number		Reason For Leaving
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			

Employer	Mo/Yr	<b>Date</b>	Mo/Yr
Name	From	/	To /
Address	Position Held		
City	State	Zip	
Contact Person	Phone Number		Reason For Leaving
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			

Employer	Mo/Yr	<b>Date</b>	Mo/Yr
Name	From	/	To /
Address	Position Held		
City	State	Zip	
Contact Person	Phone Number		Reason For Leaving
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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Employer	Mo/Yr	<b>Date</b>	Mo/Yr
Name	From	/	To /
Address	Position Held		
City	State	Zip	
Contact Person	Phone Number		Reason For Leaving
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			

**May we contact the employers listed above? If, not, indicate below which one(s) you do not wish us to contact.**

Please fax completed copy to: (205)481-2336

**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 Spills
Last Accident					
Next Previous					
Next Previous					

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**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** Check Yes or No

Class of Equipment	Circle Type Of Equipment	Dates		Approx. No. of Miles (Total)
		From (M/Y)	To (M/Y)	
Staight Truck      Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Tractor & Semi-Trailer    Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Tractor – Two Trailers    Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Tractor – Three Trailers    Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)			
Other _____				

List States operated in for last five years \_\_\_\_\_  
 \_\_\_\_\_

**Education**

Circle Highest Grade Completed    1 2 3 4 5 6 7 8    High School    1 2 3 4    College    1 2 3 4

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

(Name)

(City)

Show special courses or training that will help you as a Driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**UNEMPLOYMENT RECORD**

**You must account for all periods of unemployment in the last five (5) years.**

**List all lost time in excess of 30 days.**

**Date Unemployed**

<u>From</u>	<u>To</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**To be read and signed by applicant**

I understand that this is an application and not a contract or a unilateral offer to enter into a contract of any kind between the undersigned and the employer. The use of this application form does not indicate that there are any positions open and does not in any way obligate this employer.

I understand that employment is conditional upon and I authorize you to make such investigations and inquire of my personal, employment, financial and other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from any and all liabilities and responding to inquires in connection with my application.

I hereby certified that all of the information I have given on this application is true and complete and that there are no false statements or omissions contained in my response to the questions in this application. I understand that any false information or omissions whether made or omitted intentionally or written and later discovered, may be cause for refusal to hire me or for immediate dismissal without further notice.

This application is current for only [60] days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

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 \_\_\_\_\_

**Please fax completed copy to: (205)481-2336**