



## Application for Employment

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Have you ever served in the armed services?    Yes        No

If yes complete the following.

Date of service: \_\_\_\_\_ Branch: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

List All Drivers License/Permits Held in the Past Three (3) Years.

State:	License#:	Type:	Exp. Date:
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State:	License#:	Type:	Exp. Date:
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Have you ever been denied a license/permit, or privilege to operate a motor vehicle?

Yes                      No

Have you ever had any license, permit, or privilege suspended or revoked?

Yes                      No

Have you ever been convicted of a felony?      Yes                      No

Have you ever been disqualified to drive by federal regulations?

Yes                      No

Have you ever tested positive for a controlled substance?

Yes                      No

Have you ever has an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater?

Yes                      No

Have you ever refused a required test for drugs or alcohol?

Yes                      No

If you answered (yes) to any of the above, please state date, circumstance, and details on back of page:

Employment Record (Please List Last 5 Years)

Current/Most Recent Employer:

\_\_\_\_\_

May we contact your current employer?      Yes                      No

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ Until: \_\_\_\_\_

Number of States Driven: \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Tractor Driven: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      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 49CFR part 40?

Yes      No

Previous Employer # 2

Name:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ Until: \_\_\_\_\_

Number of States Driven: \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Tractor Driven: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

Were you subject to the FMCSRs while employed? 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 49CFR part 40?

Yes No

Previous Employer # 3

Name:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ Until: \_\_\_\_\_

Number of States Driven: \_\_\_\_ Reason for Leaving: \_\_\_\_\_

Tractor Driven: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

Were you subject to the FMCSRs while employed? 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 49CFR part 40?

Yes No

Previous Employer # 4

Name:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ Until: \_\_\_\_\_

Number of States Driven: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Tractor Driven: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

Were you subject to the FMCSRs while employed? 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 49CFR part 40?

Yes No

Previous Employer # 5

Name:

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ Until: \_\_\_\_\_

Number of States Driven: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Tractor Driven: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

Were you subject to the FMCSRs while employed? 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 49CFR part 40?

Yes No

If more space is need please place on back of application.

## Accident Record

Nature of accident # 1

Date:

Type of vehicle:

Preventable: Yes    No

Nature of accident # 2

Date:

Type of vehicle:

Preventable: Yes    No

Nature of accident # 3

Date:

Type of vehicle:

Preventable: Yes    No

## Traffic Violations:

Charge:

Date:

Location:

If speeding, mph over limit:

Penalty:

Charge:

Date:

Location;

If speeding, mph over limit:

Penalty:

Consent to run DAC report:    Yes    No

Consent to run criminal background check:    Yes    No

Consent to run MVR report:    Yes    No

# Requested Information From Previous Employer

From: Susco Transportation

Date: \_\_\_\_\_

To: \_\_\_\_\_

Social Security # \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as a

\_\_\_\_\_ and states that he or she was employed by you as a \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_. Please kindly reply to the inquiry below

Respecting this applicant, your reply will be held in strict confidence and will in no way involve you in any manner.

For your convenience in replying please return via email to [suscotrans@gmail.com](mailto:suscotrans@gmail.com).

Thank You  
Susco Transportation  
Scott Jernigan, COO

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Is employee's record with your company correct as stated above.      Yes      No  
If no please state correct dates. \_\_\_\_\_

What types of motor vehicles did applicant drive while employed. Circle all that apply.  
Tractor/Trailer    Yes    No                      48" or 53' Van                      Flatbed                      Straight truck

Was applicant safe and efficient driver?    Yes      No

Give dates of vehicle accidents in which he or she was involved. \_\_\_\_\_

Did he or she receive Workers Compensation at any time? Give dates and nature of each injury \_\_\_\_\_

Reason for leaving your company: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_  
Resigned \_\_\_\_\_

Would applicant be considered for rehire?            Yes            No

If no please give reason. \_\_\_\_\_

Was applicants general conduct satisfactory?    Yes            No

Is applicant competent for the position sought?    Yes            No

Did applicant fail any drug or alcohol test while employed by your company?    Yes            No

Did applicant refuse any drug of alcohol test while employed by your company?    Yes            No

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

You are hereby authorized to give to the Tomahawk Trucking, Inc. all information regarding my service, character and conduct while in your employment, and you are released from any and all liability which may result from furnishing such information to the above named company.

Signature: \_\_\_\_\_

Susco Transportation  
266 Old Tom Morris Rd.  
Garland, NC 28441  
Phone: 910-529-1368  
email: [suscotrans@gmail.com](mailto:suscotrans@gmail.com)