



# EMPLOYMENT APPLICATION

**Associated  
Trucking Co., Inc.**

477 Shoup Ave., Suite 103  
Idaho Falls, ID 83402-3658

208-524-0404 • 800-762-6262 • FAX 208-524-4093

(Answer all questions – please print)

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, or non-job related disability.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City

State Zip Code Telephone \_\_\_\_\_

Address For past Three Years } Street State & Zip Code How Long? \_\_\_\_\_

Street State & Zip Code How Long? \_\_\_\_\_

Street State & Zip Code

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Truck Drivers)

Have you worked for this company before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

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

Who referred you to Associated Trucking Co., Inc.? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

**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 State

## EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce must provide seven years' information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. Add additional sheets as needed.

Employer				Date			
Company	_____			From:	Mo	Yr	To:
Address	_____						Mo
City	State	Zip	_____	Position Held			
Contact	Phone	_____		Salary/Wage			
				Reason for Leaving			

Employer				Date			
Company	_____			From:	Mo	Yr	To:
Address	_____						Mo
City	State	Zip	_____	Position Held			
Contact	Phone	_____		Salary/Wage			
				Reason for Leaving			

Employer				Date			
Company	_____			From:	Mo	Yr	To:
Address	_____						Mo
City	State	Zip	_____	Position Held			
Contact	Phone	_____		Salary/Wage			
				Reason for Leaving			

Employer				Date			
Company	_____			From:	Mo	Yr	To:
Address	_____						Mo
City	State	Zip	_____	Position Held			
Contact	Phone	_____		Salary/Wage			
				Reason for Leaving			

Employer				Date			
Company	_____			From:	Mo	Yr	To:
Address	_____						Mo
City	State	Zip	_____	Position Held			
Contact	Phone	_____		Salary/Wage			
				Reason for Leaving			

\* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designated to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Driver's License Information:**

State	License Number	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No
- B. Have you ever had any license, permit, or privilege suspended or revoked? Yes  No

If the answer to either A or B above is Yes, please provide details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Driving Experience:**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate number of total miles
		From	To	
Straight Truck				
Tractor and semi-trailer				
Tractor – two trailers				
Other				

List states in which you have operated during the past five years. \_\_\_\_\_  
 \_\_\_\_\_

List special courses or training you have taken that will help you as a driver. \_\_\_\_\_  
 \_\_\_\_\_

List safe driving awards you hold and the organizations awarding them. \_\_\_\_\_  
 \_\_\_\_\_

**Accident record for past three years or more (attach additional sheets as needed)**

Dates	Nature of Accident (Head-on, rear-end, upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic convictions (other than parking violations) and forfeitures for the past three years (attach additional sheets as needed)**

Location	Date	Charge	Penalty

**Other Experience and Qualifications:**

List additional trucking, transportation, or other experience that may help in your work for Associated Trucking Co., Inc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
List additional courses or training you have received not shown elsewhere in this application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
If not already shown, list special equipment or technical materials with which you can work, \_\_\_\_\_

**To be read and signed by applicant**

I certify that I completed this application, and that all entries and information on it are true and complete to the best of my knowledge. I authorize Associated Trucking Co. Inc. or their representative(s) to make such investigations and inquiries of my personal, employment, financial, medical history, or 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 interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Associated Trucking Co., Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature