



Lance Trucking, Inc.
 PO Box 140
 Volga, SD 57071
lance@lancetruckinginc.com

ONLINE DRIVER APPLICATION/EMPLOYMENT APPLICATION

Application for Employment as a Commercial Motor Vehicle (CMV) Driver (\$391.21)

PERSONAL INFORMATION

Date: _____ Date of Birth: _____ / _____ / _____ Phone Number: (____) _____ - _____

Applicant Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Email Address: _____

Driver's License #: _____ Years of Driving Experience: _____

Applicant Questions

If conditionally offered employment, are you willing to take a drug/alcohol test? Yes No

Are you 18 years of age or older? Yes No

If hired, can you provide proof of your identity and authorization to work in the United States? Yes No

Have you ever been convicted of a felony, misdemeanor or gross misdemeanor? Yes No
 If yes when? _____

*Conviction does not automatically disqualify; we consider when it occurred and how it relates to the job you are seeking.

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.
Yes No

Have you ever applied at Lance Trucking, Inc.? Yes, No If yes, when? _____

Were you ever employed previously at Lance Trucking, Inc.? Yes No If yes, when? _____

References

Please list three personal references:

1. Name	Address	Phone #
_____	_____	_____

2. Name	Address	Phone #
_____	_____	_____

3. Name	Address	Phone #
_____	_____	_____



EMPLOYMENT HISTORY

All driver applicants must provide the following information on **all employers for the past 3 years** preceding this job application.

Current or Last Employer:

Employer: _____ Phone Number: _____

Address: _____
Street City State Zip Code

From ____ / ____ To ____ / ____ Position Held: _____
(Date) (Date)

Reason for Leaving: _____

Did you operate a Commercial Motor Vehicle (GVW/GVWR 10,001lbs or more or HazMat) for this employer?

Yes No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes No

2. Was your job position designated as a safety--sensitive function in any DOT regulated transfer mode subject to the drug & alcohol testing requirements as required by 49 CFR Part 40? Yes No

Did you have a gap in employment between your Current/Last Employer and the previous employer below?

Yes No

Reason for gap: _____

2nd to Last Employer:

Employer: _____ Phone Number: _____

Address: _____
Street City State Zip Code

From ____ / ____ To ____ / ____ Position Held: _____
(Date) (Date)

Reason for Leaving: _____

Did you operate a Commercial Motor Vehicle (GVWR 10,001lbs or more or HazMat) for this employer?

Yes No

1. When employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes No

2. Was your job position designated as a safety--sensitive function in any DOT regulated transfer mode subject to the drug & alcohol testing requirements as required by 49 CFR Part 40? Yes No

Did you have a gap in employment between your Current/Last Employer and the previous employer below?

Yes No

Reason for gap: _____
