

*Please complete application and fax to 615-313-6566 Attn: Driving Jobs
Or
Mail to address below Attn: Driving Jobs*

Agmark Intermodal Systems, Inc. Driver's Application for Employment

Agmark Intermodal Systems, Inc.

222 2nd North Suite # 311
Nashville, TN 37201
615-313-6566 Fax

Applicant Name _____ Date of Application _____

In compliance with Federal & State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

FOR COMPANY USE

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Department _____

Signature of Interviewing Officer _____

To Be Read & Signed By Applicant

I authorize Agmark Intermodal Systems, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in meeting an employment decision. 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 may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Agmark Intermodal Systems Inc.

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.

Signature _____ Date _____

(Answer all questions – please print)

Name _____
Last First Middle

Social Security # _____ Date of Birth _____

List your addresses of residency for the past 3 years

Current Address _____
Street City
State Zip Code How Long? _____

Previous Addresses _____
City Street State/Zip
Street City State/Zip

Do you have the legal right to work in the US? _____ Can you provide proof of age? _____

Have you worked for Agmark Intermodal Systems before? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected? _____

Have you ever been bonded? _____ Name of bonding company _____
(answer only if a job requirement)

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper.
(conviction of a crime is not an automatic bar to employment – all circumstances will be considered)

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

All applicants for the position of truck driver must meet the driver qualifications established by the DOT prior to being hired. The following criteria must be satisfied before a driver can be hired:

- Must possess a current Commercial Driver’s License (CDL “A” endorsements)
- Must not have any serious traffic violations in the last 3 years.
- Have no more than 3 moving traffic violations in the last 3 years.
- Have no DOT recordable, preventable accidents in the last 3 years.
- No current CDL suspension, revocation or disqualifications.
- Medical requirements as defined by the US DOT.
- Have at least 2 years of experience in the operation of tractor/trailer.
- Must be at least 23 years of age.

A probation period of 3 months is mandatory for all new drivers. Certain operation areas will require driver hazmat certification.

Motor Vehicle Grading Criteria (last three years)

Number of Minor Violations	Number of at-fault accidents			
	0	1	2	3
0	Clear	Acceptable	Borderline	Poor
1	Acceptable	Borderline	Poor	Poor
2	Acceptable	Poor	Poor	Poor
3	Borderline	Poor	Poor	Poor
4	Poor	Poor	Poor	Poor

EMPLOYMENT HISTORY

EMPLOYER	DATE
Name	From _____ To _____
Address	Position
City _____ State _____ Zip _____	Wage
Contact Person _____ Phone # _____	Reason for leaving
<p>Were you subject to the FMCSR while employed? YES _____ NO _____</p> <p>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 _____ NO _____</p>	

EMPLOYER	DATE
Name	From _____ To _____
Address	Position
City _____ State _____ Zip _____	Wage
Contact Person _____ Phone # _____	Reason for leaving
<p>Were you subject to the FMCSR while employed? YES _____ NO _____</p> <p>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 _____ NO _____</p>	

EMPLOYER	DATE
Name	From _____ To _____
Address	Position
City _____ State _____ Zip _____	Wage
Contact Person _____ Phone # _____	Reason for leaving
<p>Were you subject to the FMCSR while employed? YES _____ NO _____</p> <p>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 _____ NO _____</p>	

EMPLOYMENT HISTORY - Continued

EMPLOYER	DATE
Name	From To
Address	Position
City State Zip	Wage
Contact Person Phone #	Reason for leaving
<p>Were you subject to the FMCSR while employed? YES _____ NO _____</p> <p>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 _____ NO _____</p>	

EMPLOYER	DATE
Name	From To
Address	Position
City State Zip	Wage
Contact Person Phone #	Reason for leaving
<p>Were you subject to the FMCSR while employed? YES _____ NO _____</p> <p>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 _____ NO _____</p>	

EMPLOYER	DATE
Name	From To
Address	Position
City State Zip	Wage
Contact Person Phone #	Reason for leaving
<p>Were you subject to the FMCSR while employed? YES _____ NO _____</p> <p>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 _____ NO _____</p>	

Please Add Another Sheet as Necessary

Accident Records

Past 3 years or more (Attach sheet if more space is needed) If None, Write **None**

	Date	Nature of Accident	Fatalities	Injuries	Hazmat Spill?
Last Accident	_____				
Next Previous	_____				
Next Previous	_____				

Traffic Convictions

Past 3 years (Other than parking violations) If None, Write **None**

(1)	Location	Date	Charge	Penalty

(2)	Location	Date	Charge	Penalty

(3)	Location	Date	Charge	Penalty

Attach sheet if more space is needed

Experience & Qualifications – Driver

	State	License #	Type	Expiration Date
Driver Licenses	(1)	_____		
	(2)	_____		
	(3)	_____		

(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 A OR B IS YES, GIVE DETAILS _____

Driving Experience

List states operated in for the last 5 years: _____

Have you taken any special courses or training that will help you as a driver? _____

Have you received any safe driving awards? _____

Show any trucking, transportation or other experience that may help in your work for this company:

List special equipment or technical materials you can work with (other than those already shown):

Check YES or NO			Circle Typer of Equipment
Straight Truck	YES	NO	(HOPPER, DUMP, AUGER)
Tractor & Semi-Trailer	YES	NO	(HOPPER, DUMP, AUGER)
Tractor – 2 Trailers	YES	NO	(HOPPER, DUMP, AUGER)
Tractor – 3 Trailers	YES	NO	(HOPPER, DUMP, AUGER)
Motorcoach – up to 15 passengers	YES	NO	(HOPPER, DUMP, AUGER)
Motorcoach – over 15 passengers	YES	NO _____	(HOPPER, DUMP, AUGER)
Other - _____			

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.

Signature _____

Date _____