

Dave Meeker Auto, Inc.

24496 Eagle Road
Purcell, OK 73080
405-527-9802
405-527-0013 FAX

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin age, martial status or non-job related disability

Date of Application: _____

Name _____ Social Security Number _____

Address _____

Street

City

_____ Phone () _____
County State Zip Code

Address

For Past

Three Yrs. _____ How Long? _____

Street

City

State & Zip Code

_____ How Long? _____
Street City State & Zip Code

Age _____ Date of Birth _____ Height _____ Weight _____ Applied or worked here before _____

Do you have the legal right to work in the U.S. _____ Rate of pay expected _____

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

Position Applied for _____ Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied

(as described in the attached job description)? YES _____ NO _____ If YES, Please explain below:

EMERGENCY INFORMATION

In case of an emergency, Contact _____

Name

Relationship Phone Number City, State

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List the 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 seven years information on those employers for whom the applicant operated such vehicles.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date:
Name	From MO, Yr	To MO, Yr.	
Address	Position Held		
City	State	Zip	Salary
Contact Person	Phone Number	Reason for Leaving	

Employer			Date:
Name	From MO, Yr	To MO, Yr.	
Address	Position Held		
City	State	Zip	Salary
Contact Person	Phone Number	Reason for Leaving	

Employer			Date:
Name	From MO, Yr	To MO, Yr.	
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Employer	Date:		
Name	From MO, Yr	To MO, Yr.	
Address	Position Held		
City	State	Zip	Salary
Contact Person	Phone Number	Reason for Leaving	

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

Experience and Qualifications of Driver

DRIVER	STATE	LICENSE #	TYPE	EXPIRATION DATE
LICENSES				

- A. Have you ever been denied a licenses, permit or privilege to operator a motor vehicle? Yes _____ No _____
- B. Has any licenses, permit, or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been convicted of a felony? Yes _____ No _____
- D. Have you ever tested positive for a pre-employment or random Drug or Alcohol test in the past two years? Yes _____ No _____

If the answer to either A,B,C or D is YES, attach statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

DAVE MEEKER AUTO, INC.
24496 Eagle Road
Purcell, OK 73080
405-527-9802 405-527-0013 Fax

Sent To: _____

Request for Information from a Previous Employer

I hereby authorize you to release the following information to Dave Meeker Auto, Inc. for purposes of investigation as required by Section 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

DATE APPLICANT'S SIGNATURE

The individual below has been given an offer of employment with our company for a position as a Company Driver and states that he/she was employed by your company as a _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Please return this form via fax to 405-527-0013. THANK YOU.

1. Name of offeree _____ Social Security# _____
2. Employed from _____ to _____ as a _____
3. Did he/she drive a motor vehicle for you: Straight Truck ___ Tractor Trailer ___ Bus _____
Other: _____
4. If a tractor-trailer, what type of trailer? _____
5. What states did he/she drive in? _____
6. Was He/she on time and dependable driver? Yes or No
7. Was his/her overall working record satisfactory? Yes or No
8. Reason for leaving your employment: Discharged Resigned Layoff Military
9. Is he/she eligible for re-hire: Yes or No If No, Please explain _____
10. Please advise of any injuries, illnesses or prescribed medication. _____
11. Please advise dates and details of any accidents or tickets _____
12. Comments regarding safety habits, awards, work ethics, skills, attitude, etc. _____
13. Comments regarding safety habits, awards, work ethics, skills attitude, etc. _____

14. In the past 3 years did he/she
Test 0.04 or greater for alcohol Yes or No
Test positive for Controlled Substance Yes or No
Refused to be tested while in your employ Yes or No

If YES is the above, please provide the Substance Abuse Professional's name, address and phone number.

Signature _____ Title _____

DRIVER JOB DESCRIPTION

The following is a description of what daily and overall functions are to be performed by any person with the job title of "Truck Driver".

- Must perform 10 hours of driving time per day.
- Must be able to drive 7 days a week.
- Must be able to sit for 10 hours a day.
- Must be capable of repetitive bending and lifting of 100 or more pounds.
- Must comply with all D.O.T. Company required paperwork.
- Must be literate in reading and writing skills.
- Must be on time with load deliveries.
- Must be able to tell time
- Must be able to distinguish the different time zone areas.
- Must maintain a neat, clean appearance of themselves.
- Must maintain a neat, clean appearance of the equipment.
- Must be mechanically inclined in brake adjustment, fueling and fluids
- Must comply with all D.O.T. Federal, State and Company regulations.
- Must be able to load and unload freight, capable of excessive manual labor.
- Must meet all company requirements for qualifications.
- Must have company required experience in applicable equipment: applicable equipment to be; reefer, dry van, hopper, flat or tank.
- Must be physically able to but not limited to, climb in and out of tractors and trailer on a repetitive basis.
- Must possess a valid, class A CDL in state of domicile.
- Must possess a current, valid C.O.T. physical

Signature

Date

New Hire Benefit Election Form

Please complete this form and return
with your new employee paperwork

_____ Yes! I want more information on the health plan and other benefits.

_____ NO I am not interested in the health plan at this time because:

_____ I am covered under another group plan through my spouse's employer

_____ Other: Please explain:

Print Name _____ SS# _____

Signature _____ Date _____

PERSONAL AND CONFIDENTIAL
CONDITIONAL JOB OFFER & MEDICAL REVIEW

 NAME

 POSITION

 DATE OF JOB OFFER

Based upon qualifications that were presented on your employment application, you are hereby offered a position with our organization conditional upon submitting to our standard medical review and the verification of your answers to the following questions. Your job offer cannot and will not be revoked unless an extensive medical review reveals that you cannot perform the essential functions of the job with reasonable accommodation, if requested, (as dictated in our job description), or are a direct threat to the health or safety of yourself or others. False or misleading statements are grounds for dismissal of employment. This information is considered personal, confidential and medical in nature and will be treated as such in accordance with the Americans with Disabilities Act.

SAFETY & YOUR HEALTH

Have you had any on the job injuries? YES _____ NO _____ If YES, please answer the following questions.

Date(s) of Injury/Illness	Cause of Injury/Illness	Body Part Involved	Days Lost Time	Have you Recovered?

Do you have or have you ever had any other injuries or illnesses not on the job that have resulted in surgery, lost time or hospitalization? YES _____ NO _____ If YES, please answer the following questions.

Date(s) OF Injury/Illness	Cause of Injury/Illness	Body Part Involved	Days Lost Time	Have you Recovered?

Are you taking any prescribed medication: YES _____ NO _____ If YES, please answer the following questions.

Purpose of Medication	Side Effects	Type of Medication

I hereby certify that the information contained on this form is true and correct and that there are no omissions. I authorize any physician medical facility, past employer(s), and /or privileged agency contacted by Dave Meeker Auto, Inc. to furnish or verify workers' compensation information and medical information.

 Offeree's Signature

 Today's Date

 Printed Name

With successful completion of the review, you will be advised as to your start day with us.

 Dave Meeker Auto, Inc. Representative Signature

 Today's Date

**PRE-EMPLOYMENT URINALYSIS
CONSENT AGREEMENT**

The Federal Motor Carrier Safety Regulations Title 49 US Code of Federal Regulations, Section 382/301. Pre-employment testing requirement apply to driver-applicants of this company.

382.301 Pre-employment testing requirements:

- (a) A motor carrier shall require a driver -applicant who the motor carrier intends to hire or used to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Office will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.
I have read and understand the above conditions for the Pre-employment Urinalysis Consent Agreement.

Applicant's Name

Applicant's Signature

Month Day Year

Witnessed By:

Company Rep Signature

Month Day Year

NO RIDERS IN TRUCK

This letter is to inform our driver/owner operators on company insurance, of the insurance regulations against riders in the trucks. Our insurance has strict regulations on riders in the truck with you. Please keep this in mind, the insurance with not cover the rider if you are in an accident.

Driver's Signature

Date

DAMAGE AGREEMENT FOR EMPLOYEE OF DAVE MEEKER AUTO

I, _____ as an **EMPLOYEE** of Dave Meeker Auto, Inc. will take full responsibility for all damages done to the vehicles during loading, transporting and unloading, except for damage done by mechanical failure. In the event of an accident you are to report damage to the dealer and our dispatch at Dave Meeker Auto **IMMEDIATELY.** Damages will be paid for as follows:

FIRST \$100.00 Driver Pays

Anything over \$100.00, Dave Meeker Auto will split the cost with the driver.

The drivers portion of the damages will be deducted from the drivers wages.

I have read and fully understand and agree to the damage clause listed above.

Driver's Signature

Date

DAMAGE AGREEMENT FOR OWNER/OPERATOR DRIVERS

I, _____ as a **LEASE** driver for Dave Meeker Auto, Inc. will take full responsibility for all damages done to cargo during loading, transporting and unloading. In the event of an accident, you are to report damage to the dealer and our dispatch at Dave Meeker Auto **IMMEDIATELY.**

Damages will be held from your load payments until loss payee is fully compensated.

I have read and fully understand and agree to the damage clause listed above.

Owner/Operator Signature

Date

AUTHORIZATION FOR DIRECT DEPOSITS—EMPLOYEE FORM

This authorizes Dave Meeker Auto, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) accounts (s) indicated below and to other accounts I(We) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (Checking or Savings) _____

Employee Bank Name

Branch

City

State

Bank Routing Number

Account Number

You can split deposits between two accounts if you would like.

Account #2

Account #1 Type (Checking or Savings) _____

Employee Bank Name

Branch

City

State

Bank Routing Number

Account Number

Signature

Date

Printed Name