



Interstate Van Lines, Inc.
 5801 Rolling Road - Springfield, VA 22152
 800.745.6683 . Fax 703.569.3006
 HR@invan.com

DRIVER APPLICATION

- Contract
 Contract Service Provider
 Employment

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and 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 understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

(By typing in my name, I hereby authorize that all of the information provided in this application is correct and accurate)

APPLICANT TO COMPLETE

(answer all questions - please print)

Name _____ SSN# _____
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address

Street _____ City _____

Phone _____ How Long? _____

Previous Addresses

Street _____ Zip Code _____ yr./mo.

How Long? _____

Street _____ City _____ State & Zip Code _____ yr./mo.

How Long? _____

Street _____ City _____ State & Zip Code _____ yr./mo.

How Long? _____

Street _____ City _____ State & Zip Code _____ yr./mo.

Do you have the legal right to work in the United States? _____ Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ 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? _____ Pay Rate _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be consider.

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]? Explain

Employee Applicant Only: Have you used tobacco products in the last 12 months? _____ Are you currently using tobacco products? _____

Are you now using or have used within the last six months any medication or drug prescribed by a medical doctor?

Yes No If yes, enter:

a. Name of medication and date of last use _____

b. Name/address/phone of prescribing doctor _____

c. Condition the medication was prescribed for _____

Have you ever used any type of narcotic or drug not prescribed by a medical doctor, including amphetamines, cocaine, marijuana, LSD, PCP or any other substance controlled by law? Yes No If yes, enter:

a. Name of the substance and date of last use _____

b. Reason for use _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide, the following information on all employers during the preceding 3 years. List 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 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER				DATE	
NAME	_____			FROM	FROM
ADDRESS	_____			MO. ____ YR. ____	MO. ____ YR. ____
CITY	STATE	ZIP	_____	POSITION HELD	_____
CONTACT PERSON	PHONE NUMBER		_____	SALARY/WAGE	_____
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No				REASON FOR LEAVING _____	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYER

DATE

NAME _____ FROM _____ FROM _____
 ADDRESS _____ MO. ____ YR. ____ MO. ____ YR. ____
 CITY _____ STATE _____ ZIP _____ POSITION HELD _____
 CONTACT PERSON _____ PHONE NUMBER _____ SALARY/WAGE _____
 WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No REASON FOR LEAVING _____
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No

EMPLOYER

DATE

NAME _____ FROM _____ FROM _____
 ADDRESS _____ MO. ____ YR. ____ MO. ____ YR. ____
 CITY _____ STATE _____ ZIP _____ POSITION HELD _____
 CONTACT PERSON _____ PHONE NUMBER _____ SALARY/WAGE _____
 WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No REASON FOR LEAVING _____
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No

EMPLOYER

DATE

NAME _____ FROM _____ FROM _____
 ADDRESS _____ MO. ____ YR. ____ MO. ____ YR. ____
 CITY _____ STATE _____ ZIP _____ POSITION HELD _____
 CONTACT PERSON _____ PHONE NUMBER _____ SALARY/WAGE _____
 WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No REASON FOR LEAVING _____
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIRMENTS OF 49 CFR PART 40? Yes No

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

CHECK 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) _____

FINANCIAL

Bank Name _____ Type of Account _____
 Address _____ Balance _____

Are you able to take care of your financial obligations at home while attending our school? Yes No

Source and amount of income other than future earnings at Interstate _____

Do you own real estate in your name? Yes No Conservative Value _____ Unpaid Balance _____

Personal property you own (tractor, auto, other) _____ Unpaid Balance _____

Have you filed for bankruptcy? Yes No When? _____

Do you have personal life insurance? Yes No Amount _____ Insurance Company _____

FINANCIAL OBLIGATIONS	MONTHLY PAYMENT	COMPANY	ADDRESS
Mortgage or Rent	_____	_____	_____
Car	_____	_____	_____
Tractor	_____	_____	_____
Loan	_____	_____	_____
Loan	_____	_____	_____
Other	_____	_____	_____
Total Monthly Payments	_____	_____	_____

CREDIT REFERENCES:

Company Address _____

Company Name _____

Company Address _____

Company Name _____

PERSONAL REFERENCES (OTHER THAN RELATIVES):

Name _____ Occupation _____ Years Acquainted _____

Completed Address _____

Name _____ Occupation _____ Years Acquainted _____

Completed Address _____

Name _____ Occupation _____ Years Acquainted _____

Completed Address _____

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, veterans status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 on my knowledge.

Signature: _____ Date: _____

(By typing in my name, I hereby authorize that all of the information provided in this application is correct and accurate)