



COX TRANSFER, INC.
1065 W. Center
Eureka IL 61530

COMMERCIAL MOTOR VEHICLE APPLICATION

Today's Date: _____ How did you hear about us? _____

Name: _____

Last First M.I.

Street City State Zip

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Telephone (Home) (____) _____ (Cellular) (____) _____

Three (3) years of address history:

Street	City	State	Zip	Length
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List states and counties of residence for the past seven years: _____

Have you used any names or Social Security Numbers other than those on this page? If so, please list:

EDUCATION:

Please circle highest grade completed. 9 10 11 12 13 14 15 16 16+

Name of last educational institution attended: _____

MILITARY EXPERIENCE:

Have you served in the US Armed Forces? _____ Dates: From: _____ To: _____

Are you now active in Reserves or National Guard? _____

EXPERIENCE:

List any Driver's Licenses held in the past three years:

State _____ Number _____ Type _____ Endorsements _____ Expiration Date _____

State _____ Number _____ Type _____ Endorsements _____ Expiration Date _____

State _____ Number _____ Type _____ Endorsements _____ Expiration Date _____

Class Of Equipment	Type of Equipment (van, tank, flat, etc)	Dates		Approx. Number of miles total
		To:	From:	

Straight Truck	_____	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____	_____
Tractor - Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

List states operated in for last 5 years: _____

DRIVING RECORD: (attach sheet if more space is needed)

Yes No Have you been involved in an accident in the last three years? If yes,

Date of accident: _____

Nature of accident: _____

Fatalities: _____

Property Damage: _____

Personal Injuries: _____

Date of accident: _____

Nature of accident: _____

Fatalities: _____

Property Damage: _____

Personal Injuries: _____

Yes No Have you violated any motor vehicle laws or ordinances to which you were convicted or forfeited bond or collateral during the last three years? If yes,

Violation: _____

Violation: _____

Violation: _____

Yes No Have you had any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle?

If yes, **statement setting forth the details, facts and circumstances:**

PREVIOUS EMPLOYERS:

PLEASE NOTE: Your application will **NOT** be considered unless every question in this section is answered and goes back for a period of TEN (10) YEARS. Since we will make every effort to contact previous employers for the purpose of investigating the applicants background as required by CFR 49 391.23, the **correct numbers of past employers are critical and all time must be accounted for including military service, self-employment, and periods of unemployment.** Ask for a phone book or call information if you need to.

MOST RECENT EMPLOYER:

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Company Name Phone Number

Street City State

From: _____ To: _____
Dates Employed Mo/Yr Job Title Supervisor's Name

Salary _____ per _____ Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____

SECOND MOST RECENT EMPLOYER:

Company Name Phone Number

Street City State

From: _____ To: _____
Dates Employed mo/Yr Job Title Supervisor's Name

Salary _____ per _____ Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____

THIRD MOST RECENT EMPLOYER:

Company Name	Phone Number
Street	City
State	State
From: _____ To: _____	Supervisor's Name
Dates Employed Mo/Yr _____	Job Title _____
Salary _____ per _____	Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____.

FOURTH MOST RECENT EMPLOYER:

Company Name	Phone Number
Street	City
State	State
From: _____ To: _____	Supervisor's Name
Dates Employed Mo/Yr _____	Job Title _____
Salary _____ per _____	Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____.

FIFTH MOST RECENT EMPLOYER:

Company Name	Phone Number
Street	City
State	State
From: _____ To: _____	Supervisor's Name
Dates Employed Mo/Yr _____	Job Title _____
Salary _____ per _____	Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____.

SIXTH MOST RECENT EMPLOYER:

Company Name	Phone Number
Street	City
State	State
From: _____ To: _____	Supervisor's Name
Dates Employed Mo/Yr _____	Job Title _____
Salary _____ per _____	Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____.

SEVENTH MOST RECENT EMPLOYER:

Company Name	Phone Number
Street	City
State	State
From: _____ To: _____	Supervisor's Name
Dates Employed Mo/Yr _____	Job Title _____
Salary _____ per _____	Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____.

EIGHTH MOST RECENT EMPLOYER:

Company Name	Phone Number
Street	City
State	State
From: _____ To: _____	Supervisor's Name
Dates Employed Mo/Yr _____	Job Title _____
Salary _____ per _____	Reason for Leaving: _____

Were you subject to the FMCSR's under this employer? _____ Did you perform a safety-sensitive function for this employer? _____.

****Attach additional sheets if needed.**

PRIMARY DRIVER JOB DESCRIPTION

Drive diesel powered trucks, truck tractors and semi-trailers over short, medium, and long distances, picking up, transporting and delivering products or materials in loose or packaged form.

Must connect and disconnect equipment, manually lower and raise landing gear, operate fifth wheel release lever, open and close trailer doors, climb into and out of vehicles generally 36 to 66 inches above ground level.

Must check load against shipping documents and insure that the load count is accurate and that the shipments are in proper condition for transportation.

Driver may be asked to assist in the loading, unloading, and securement of cargo.

Must have working knowledge of all safety regulations and must have a current Class A Commercial License (CDL).

Driver must successfully meet all the physical requirements outlined in the Federal Motor carrier Safety Regulations section 391.49 and 301.81 through 391.123.

Drives assigned equipment applying knowledge of commercial driving regulations and safety regulations, maneuvering the vehicle in difficult situations, terrain, and weather conditions.

Must inspect assigned equipment and report all defects before and after trips.

Must perform periodic inspections during trips and perform routine maintenance and en route repairs which includes fueling, checking fluid levels, lights, brakes, tires and other components necessary for safe operation.

Must maintain all records required by the applicable Department of Transportation Regulations, state laws, and company policy. This includes but is not limited to driver's record of duty status, bills of lading, manifests, payroll documentation, receipts, inspection records, and permits.

Drivers may be exposed to noise and emission from vehicles and/or cargo. Driver will be exposed to adverse weather, temperature, and light conditions while on the job.

The job is rated as heavy and requires no physical limitations, prolonged sitting, and may require the lifting of heavy objects.

Driver must be able to read and speak the English language sufficient to converse with general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries and to make entries on reports and records.

Driver must have the ability to effectively use a road map as well as obtain a working knowledge of the on-board communication system.

Driver must be able to add, subtract, multiply, and divide and understand units of measure.

Driver must be able to print simple sentences legibly in order to complete required reports and documents.

Driver must be available for around the clock trips to accommodate freight movements.

Driver must be able to be away from home for periods of time up to a week.

Do you understand these requirements? Yes No

Can you perform the requirements of this job? Yes No

DRIVER

SIGNATURE: _____ **DATE:** _____

References: Include only individuals familiar with your work ability. Do not include relatives.

Name	Relationship	Address and Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Instructions:

In case of emergency, contact:

_____	_____
Name	Relationship
_____	_____
City/State	Phone Number

CERTIFICATION AND RELEASE

To be read and signed by applicant

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract.

It is agreed and understood that the Company or its agents may investigate the applicant's background and the information provided in this application to ascertain or verify any and all information provided. Applicant releases employers and their employees from all liability for any damages on account of furnishing such information.

It is agreed and understood that subsequent to an initial offer of qualification and prior to commencing work, an applicant may be required to undergo further processing to determine suitability to perform the job. Such processing may include but is not limited to: a medical examination, drug test, performance test, written test and other such measurements of an applicant's fitness to perform. It is agreed and understood that failure to satisfactorily meet all post-qualification may result in the withdrawal of the offer of qualification.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete, and that I have listed every company for which I have worked for the past ten years, and specifically as a driver during the past three years, and every company for which I took a pre-employment drug and/or alcohol test during the past three years. False or misleading statements on this application are grounds for terminating the application process or, if discovered after employment, terminating employment.

Print Name: _____
(Applicant Name)

Signed: _____
(Applicant Signature Required)

Social Security No: _____

Date: _____