

732-892-1313 • 1-800-786-0447 • FAX # 732-295-5858

Email: BriggsTransLLC@aol.com

P.O. Box1570 508 Washington Avenue Point Pleasant Beach, NJ 08742

**APPLICATION FOR EMPLOYMENT**

**WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

**ALL APPLICANTS APPLYING FOR A DRIVING POSITION MUST PROVIDE A CURRENT MVR WHICH CAN BE OBTAINED FROM ANY MOTOR VEHICLE AGENCY.**

LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF APPLICATION
CURRENT ADDRESS			CITY	STATE	ZIP
PREVIOUS ADDRESS (if at current address less two years)			CITY	STATE	ZIP
HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?		Do you have at least 5 years legal age driving experience?		TELEPHONE NUMBER	
		YES NO		HOME: CELL:	
DATE YOU WOULD BE AVAILABLE FOR WORK:	DO YOU WANT TO WORK:		LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER		MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER?
	PART TIME FULL TIME		XXX-XX-____		YES NO
			ARE YOU CURRENTLY EMPLOYED?		
			YES NO		
EDUCATION			REASON FOR LEAVING CURRENT EMPLOYMENT		
LAST GRADE COMPLETED:					

**DRIVING EXPERIENCE OR TYPE OF WORK BEING APPLIED FOR**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (School Bus, Taxi, Passenger Van, Limo)	DATES	
		FROM	TO
SCHOOL BUS			
TAXI			
PASSENGER VAN			
LIMO			
OTHER			

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 EITHER A OR B IS YES, EXPLAIN BELOW GIVING DETAILS**

## EMPLOYMENT HISTORY

Please provide information for the previous 3 years. Commercial Vehicle (CDL) applicants please provide 10 years work history. (Continue on the back of this page if needed)

LAST EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM:	TO:	
ADDRESS				
TELEPHONE NUMBER				
		HOURLY RATE/SALARY		
JOB TITLE	SUPERVISOR	STARTING:	FINAL:	
REASON FOR LEAVING				

Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job?    Yes    No

Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing?    Yes    No

SECOND LAST EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM:	TO:	
ADDRESS				
TELEPHONE NUMBER				
		HOURLY RATE/SALARY		
JOB TITLE	SUPERVISOR	STARTING:	FINAL:	
REASON FOR LEAVING				

Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job?    Yes    No

Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing?    Yes    No

THIRD LAST EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM:	TO:	
ADDRESS				
TELEPHONE NUMBER				
		HOURLY RATE/SALARY		
		STARTING:	FINAL:	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				
<b>Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job?    Yes    No</b>				
<b>Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing?    Yes    No</b>				

**ANYONE APPLYING FOR A DRIVING POSITION MUST SUPPLY BRIGGS WITH A CURRENT MVC REPORT WHICH IS AVAILABLE FROM ANY MOTOR VEHICLE AGENCY.**

I GRANT BRIGGS TRANSPORTATION PERMISSION TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH ANY AND ALL PERSONS OR COMPANIES THAT MAY HAVE AN INTEREST IN MY INSURABILITY AS A DRIVER INCLUDING, FOR EXAMPLE, INSURANCE COMPANIES AND INSURANCE BROKERS.

I AGREE THAT BRIGGS TRANSPORTATION SHALL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY ANYONE BECAUSE OF THE USE OF THE INFORMATION CONTAINED WITHIN MY MOTOR VEHICLE RECORDS. I RELEASE BRIGGS TRANSPORTATION AND WILL HOLD BRIGGS TRANSPORTATION, ITS EMPLOYEES AND REPRESENTATIVES, FREE OF ANY LIABILITY ARISING FROM BRIGGS TRANSPORTATION OBTAINING AND/OR PROVIDING THIS INFORMATION FOR THESE PURPOSES. ALSO, I GRANT BRIGGS TRANSPORTATION CONTINUED PERMISSION FOR ALL OF THE ABOVE UNTIL SUCH TIME AS I NOTIFY BRIGGS TRANSPORTATION IN WRITING BY CERTIFIED MAIL RETURN RECEIPT REQUESTED THAT THE PERMISSION IS WITHDRAWN.

APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

CLASS: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

DO YOU HAVE ANY POINTS ON YOUR LICENSE? \_\_\_\_\_

DO YOU CURRENTLY HOLD MORE THAN ONE DRIVER'S LICENSE? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVERS LICENSE SUSPENDED, WITHDRAWN OR DENIED? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

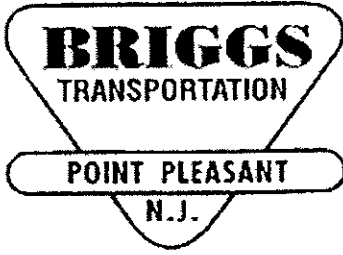
If you answered YES to any of the above questions, please explain below.

### **TO BE READ AND SIGNED BY APPLICANT**

**This certifies that this application has been completed by me and that all entries and information in it are true and complete to the best of my knowledge. I understand that if hired, any misrepresentation of information in this application is cause for immediate dismissal. I further understand I will be required to have a pre-employment controlled substances and alcohol misuse test and will be placed in a random testing pool throughout my employment.**

**I understand that information provided on previous employment and my safety performance history, as indicated in 49 CFR 391.23, will be investigated with previous employers**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**CONFIDENTIAL REPORT OF PERSONAL REFERENCES**

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

- Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at the wage or salary of \_\_\_\_\_.
- Did he/she drive a motor vehicle for you? \_\_\_\_\_ Type (Specify) \_\_\_\_\_
- Was he/she a safe and efficient driver? \_\_\_\_\_
- Reason for leaving your employ: (Specify) \_\_\_\_\_
- Was his/her general conduct satisfactory? \_\_\_\_\_
- Was he/she in a random drug/alcohol pool \_\_\_\_\_
- Did he/she ever not pass the drug/alcohol pool? \_\_\_\_\_

**Please indicate your opinion by placing an X in the appropriate column.**

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, tact, ability to get along with others.				
Initiative, Resourcefulness				
Safety Habits				
Driving Skills				
Attitude				
Loyalty				

Any other remarks \_\_\_\_\_

**I give Briggs Transportation permission to contact my previous employers.**

**Signature of previous employer:**

Signature: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_