



# Sweetland Transport Inc.

3025 Mullins Court

Oxford, MI 48371

Office: (248)572-6545

Fax: (586)580-3197

E-mail: [recruiting@sweetlandtransport.com](mailto:recruiting@sweetlandtransport.com)

## To Complete the Application, you will need:

- Completed employment application with 10-year work history
  - Copy of your current DOT MED card
  - Copy of your Social Security Card
- Copy of you Commercial Driver's License
  - Current MVR

# Driver Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: Sweetland Transport Inc  
Address: 3025 Mullins Court  
Oxford, MI 48371

**\*\*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, veteran status, non-job related disability, or any other protected group status.\*\***

## TO BE READ AND SIGNED BY APPLICANT

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 prospected employer; and
- 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: \_\_\_\_\_

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle Initial

\*List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street

City

\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_/\_\_\_

State

Zip Code

yr./mo.

Previous \_\_\_\_\_

Street

City

Addresses \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_/\_\_\_

State

Zip Code

yr./mo.

\_\_\_\_\_

Street

City

\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_/\_\_\_

State

Zip Code

yr./mo.

Do you have the legal right to work in the United State? (circle one) : yes or no

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age( circle one): yes or no

Can you perform with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Accident Record for the past 3 years or more (attach sheet if more space is needed) if none, write NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write NONE

LOCATION	DATE	CHARGE	PENALTY

Please list your driver's licenses or permits held in the past 3 years.

State	License No.	Class	Endorsement	Exp. Date

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 is Yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driving Experience**

Class of Equipment	Type of Equipment	From When (m/y)	To When (m/y)	Approx. # of Miles
Straight Truck      Yes   or   No	Van, tank, flat, dump, refer			
Tractor/Semi-Trailer      Yes   or   No	Van, tank, flat, dump, refer			
Tractor- 2 Trailers      Yes   or   No	Van, tank, flat, dump, refer			
Tractor- 3 Trailers      Yes   or   No	Van, tank, flat, dump, refer			
Motor coach- school bus (more than 8 Passengers)      Yes   or   No				
Motor coach- school bus (More than 15 passengers)      Yes   or   No				
Other				

List states in which you have operated in the last five year: \_\_\_\_\_

\_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

Which safe driving awards do you hold and from whom: \_\_\_\_\_

\_\_\_\_\_

### **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 OF MY KNOWLEDGE.

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