

DRIVER EXPERIENCE & QUALIFICATIONS



Answer the questions on this sheet, only if you are applying for a delivery driver position.

LICENSES

All Drivers Licenses held in the past 3 years must be shown	STATE	LICENSE #	CLASS	ENDORSEMENTS	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit, privilege ever been suspended or revoked? Yes No
3. Have you ever been disqualified for violations of the Motor Carrier Safety Regulations? Yes No

If you answered yes to 1, 2, or 3 attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE ANNUAL MILES
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LVC’s				
Other				

List states operated in during the last 5 years _____

List special courses or training that will help you as a delivery driver _____

ACCIDENT REVIEW FOR THE LAST 5 YEARS (attach a separate piece of paper if necessary)

DATE	NATURE OF ACCIDENT (head-on, rear-end-overtake, etc)	FATALITIES?	INJURIES?	CONVICTION OR CITATION?

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS

(Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRUG AND ALCOHOL TESTING INFORMATION

1. Have you ever tested positive for a controlled substance for a DOT mandated pre-employment test taken within the past two years? Yes No
2. Have you ever had an alcohol test with a BAC of 0.04 or greater? Yes No
3. Have you ever refused a DOT required test for drugs/alcohol in the last two years? Yes No

If any of the above questions were answered YES, please provide your SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____ Phone Number: (____) _____
Street: _____
City, State, Zip: _____

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (β391.21(b)(2)).

ACKNOWLEDGEMENT

(1) I understand that a false statement on this application may be considered sufficient cause for dismissal. (2) The use of this application does not indicate that there are any positions open and does not in any way obligate General Pet Supply. (3) I understand that General Pet Supply, as a prospective employer, is required by the DOT to make queries regarding driving information, accident information, and previous drug screening information. (4) I authorize General Pet Supply's insurance agent, or other third party, to obtain a copy of my motor vehicle report, which will be used as part of the application process. (5) I authorize my former employers and references listed on this application to provide The Merco Group Inc. with any and all information concerning my previous employment and relevant personal information, and release all parties from all liability for any damage that may result.

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration. The Merco Group, Inc. is an equal opportunity employer.

APPLICANT SIGNATURE: _____ DATE: _____

Hire Date _____