

DAVIS DELIVERY SERVICE, INC.

943 Gainesville Hwy, Buford, GA 30518 • 678-926-3939 • davisdelivery.com

DRIVER APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR	DATE OF APPLICATION	DATE AVAILABLE TO START	FULL TIME / PART TIME

SECTION 1 — APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH

SOCIAL SECURITY NUMBER	PHONE	EMAIL

Social Security number and date of birth are required by 49 CFR 391.21 for the driver qualification file, motor vehicle record requests, and FMCSA Clearinghouse queries. They are used only for those purposes and for payroll setup if you are hired, are stored securely, and are not disclosed except as required by law.

IN CASE OF EMERGENCY, CALL — NAME	RELATIONSHIP	PHONE

Federal rule 49 CFR 391.21(b)(3) requires every address where you have lived during the past three (3) years.

CURRENT ADDRESS — STREET, CITY, STATE, ZIP	FROM (MM/YY)	TO

PREVIOUS ADDRESS	FROM (MM/YY)	TO (MM/YY)

PREVIOUS ADDRESS	FROM (MM/YY)	TO (MM/YY)

SECTION 2 — ELIGIBILITY

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you worked for Davis Delivery Service before? ☐ Yes ☐ No If yes, dates:

Are you currently employed? ☐ Yes ☐ No If not, how long since your last job?

Are you forklift certified? ☐ Yes ☐ No If yes, expiration date:

Have you been convicted of a felony within the past seven (7) years? ☐ Yes ☐ No If yes, please explain on a separate sheet.

You do not need to disclose any charge or conviction that has been sealed, expunged, restricted, or discharged under Georgia's First Offender Act (O.C.G.A. § 42-8-60 et seq.) or a similar law of another state. A conviction does not automatically disqualify you. We consider the nature of the offense, how it relates to the duties of the position, how much time has passed, and evidence of rehabilitation.

SECTION 3 — PHYSICAL REQUIREMENTS OF THIS POSITION

This job is hands-on freight handling for the length of the shift. The essential functions of the position require you to:

- Lift, carry, and lower freight weighing up to 50 lbs without assistance, repeatedly throughout the shift
- Hand-unstack and restack floor-loaded freight inside a trailer or box truck
- Push and pull loaded pallet jacks
- Climb into and out of the truck, trailer, and cab many times per day
- Stand, walk, bend, squat, kneel, and reach overhead for most of the shift
- Operate a liftgate and secure loads with straps and load bars
- Carry freight over thresholds, steps, and uneven ground on residential and job-site deliveries
- Work in non-climate-controlled conditions, including heat, cold, and rain

Can you perform these physical requirements, with or without reasonable accommodation? ☐ Yes ☐ No

We are not asking about any medical condition or disability. If you need a reasonable accommodation to perform any of these functions, tell us and we will discuss what is available.

SECTION 4 — EDUCATION

	School name and location	Highest grade completed	Area of study
High school			
College / university			
Driving school			

SECTION 5 — EMPLOYMENT HISTORY

List all employment for the past three (3) years, beginning with the most recent. In addition, list any position during the previous seven (7) years — ten years in total — in which you operated a commercial motor vehicle. Required by 49 CFR 391.21(b)(10) and (b)(11); both tiers require each employer's address, the dates, and the reason you left. Attach additional sheets if needed.

1. EMPLOYER NAME	POSITION HELD	FROM (MM/YY)	TO (MM/YY)

STREET ADDRESS	CITY, STATE, ZIP	PHONE

REASON FOR LEAVING

Was this position subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was this position subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐ Yes ☐ No

May we contact this company? ☐ Yes ☐ No

2. EMPLOYER NAME	POSITION HELD	FROM (MM/YY)	TO (MM/YY)

STREET ADDRESS	CITY, STATE, ZIP	PHONE

REASON FOR LEAVING

Was this position subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Was this position subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this company? ☐Yes ☐No

3. EMPLOYER NAME	POSITION HELD	FROM (MM/YY)	TO (MM/YY)

STREET ADDRESS	CITY, STATE, ZIP	PHONE

REASON FOR LEAVING

Was this position subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Was this position subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this company? ☐Yes ☐No

4. EMPLOYER NAME	POSITION HELD	FROM (MM/YY)	TO (MM/YY)

STREET ADDRESS	CITY, STATE, ZIP	PHONE

REASON FOR LEAVING

Was this position subject to the Federal Motor Carrier Safety Regulations? ☐Yes ☐No
Was this position subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐Yes ☐No
May we contact this company? ☐Yes ☐No

5. EMPLOYER NAME	POSITION HELD	FROM (MM/YY)	TO (MM/YY)

STREET ADDRESS	CITY, STATE, ZIP	PHONE

REASON FOR LEAVING

Was this position subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was this position subject to DOT drug and alcohol testing under 49 CFR Part 40? ☐ Yes ☐ No

May we contact this company? ☐ Yes ☐ No

SECTION 6 — DRIVER'S LICENSE AND DRIVING EXPERIENCE

DRIVER'S LICENSE NUMBER	STATE	CLASS	ENDORSEMENTS	EXPIRATION

ANY ADDITIONAL UNEXPIRED LICENSE OR PERMIT — NUMBER	STATE	CLASS	ENDORSEMENTS	EXPIRATION

YEARS DRIVING A COMMERCIAL MOTOR VEHICLE	APPROXIMATE TOTAL CAREER MILES	YEAR YOU FIRST HELD A CDL

Do you hold a current DOT medical examiner's certificate? ☐ Yes ☐ No Expiration date:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No If yes to either, attach a written explanation.

Equipment experience — complete every line you have operated

Equipment	Type (van, flat, reefer, etc.)	Years of experience	Approx. miles	Last operated (mm/yy)
26 ft box / straight truck				
Straight truck with liftgate				
Tractor-trailer (48-53 ft)				
Tractor with 2 trailers				
Yard tractor / spotter				
Other (list)				

Final-mile and freight-handling experience

Check everything you have done: ☐ LTL final-mile delivery ☐ Residential delivery ☐ Job-site delivery ☐ Liftgate operation

☐ Pallet jack (manual) ☐ Pallet jack (electric) ☐ Hand-unload / freight handling ☐ Dock loading

☐ Yard jockey / spotting ☐ Threshold or room-of-choice delivery ☐ Forklift operation

ELD SYSTEMS YOU HAVE USED

HANDHELD SCANNER / TMS APPS YOU HAVE USED

HEAVIEST SINGLE PIECE YOU ROUTINELY
HANDLE

STATES OPERATED IN DURING THE LAST 5 YEARS

SPECIAL COURSES OR SAFETY TRAINING THAT WILL HELP YOU AS A DRIVER

SAFE DRIVING AWARDS HELD, AND AWARDING ORGANIZATION

SECTION 7 — ACCIDENT RECORD — PAST 3 YEARS

Check here if you have had no accidents in the past three years: ☐ No accidents

Date	Nature of accident	Fatalities	Injuries

SECTION 8 — TRAFFIC CONVICTIONS AND FORFEITURES — PAST 3 YEARS

List all violations of motor vehicle laws or ordinances of which you were convicted or forfeited bond or collateral during the past three years, other than parking violations. Attach a sheet if you need more space.

Check here if you have had no such convictions in the past three years: ☐ None

Date	Location	Charge	Penalty

SECTION 9 — CERTIFICATION AND AUTHORIZATION

1. I understand that completing this application does not guarantee employment with Davis Delivery Service, Inc.
2. I certify that the answers I have given are true and complete to the best of my knowledge. I understand that false or misleading information given on this application or in an interview may result in rejection of my application or, if I am hired, in dismissal.
3. I authorize Davis Delivery Service, Inc. to investigate my background and to request safety performance history information from my previous DOT-regulated employers as provided in 49 CFR 391.23, including accident information and drug and alcohol testing records for the preceding three years. I understand that I have the right to review that information, to have errors corrected, and to have my rebuttal attached to the file, as provided in 49 CFR 391.23(i) and (j).
4. I authorize Davis Delivery Service, Inc. to obtain my motor vehicle record and Pre-Employment Screening Program (PSP) report.
5. I understand that a pre-employment FMCSA Drug and Alcohol Clearinghouse full query is required before I may operate a commercial motor vehicle, and that I must register with the Clearinghouse at clearinghouse.fmcsa.dot.gov and give my electronic consent there.
6. I agree to submit to the physical examinations and drug and alcohol tests required by the Federal Motor Carrier Safety Regulations and by Davis Delivery Service policy.
7. I understand that if I am employed, my employment is at will, which means that either I or Davis Delivery Service, Inc. may end the employment relationship at any time, with or without cause and with or without notice.

If a consumer report (background check, motor vehicle record, or PSP report) is obtained through a consumer reporting agency, you will receive a separate written disclosure and authorization form, as required by the Fair Credit Reporting Act.

Davis Delivery Service, Inc. is an Equal Opportunity Employer. We consider all applicants for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran status, or any other characteristic protected by federal, state, or local law. We provide reasonable accommodation to qualified individuals with disabilities. If you need an accommodation to complete this application, contact us at 678-926-3939.

Federal rule 49 CFR 391.21(d) requires us to tell you this before you complete this application: the information you give about your previous employers may be used, and those employers will be contacted, to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). You have due process rights concerning the information those employers provide, as described in 49 CFR 391.23(i) — you may review it, ask that errors be corrected, and have your own rebuttal attached to the file.

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 OF APPLICANT

DATE

PRINTED NAME