



Morris Transport, LLC
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Goddard, KS 67052

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APPLICATION FOR EMPLOYMENT & CONTRACTING

Notice: Substance & Alcohol testing is required of applicant driver/operator

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

How Long have you lived at current address? _____

Date of Birth _____ Social Security Number _____

Address for Past 3 years

(Street) (City) (State) (Zip) (Dates Lived Here)

(Street) (City) (State) (Zip) (Dates Lived Here)

(Street) (City) (State) (Zip) (Dates Lived Here)

EXPERIENCE AND QUALIFICATIONS - DRIVERS

Driver's License _____ Expiration Date _____ State _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates	Total Miles
Straight Truck			
Tractor & Semi Trailer			
Other			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(Location) (Charge) (Penalty) (Date)

(Location) (Charge) (Penalty) (Date)

(Location) (Charge) (Penalty) (Date)

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

Has any license, permit, or privilege ever been suspended or revoked? Yes ___ No ___

(if you answered yes to either of the two previous questions, use the final page to provide details)

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

Date	Nature of the Accident (Head On, Rear End, Upset, Etc)	Fatality?	Injury?	Non Injury?

Employment History

All Drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceeding three years**. List mailing address, street number, city, state, and zip code.

Applicants applying to drive a “**commercial motor vehicle**” as defined by Part 373, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

(Note: list employers in reverse order, starting with the most recent. Use the additional sheet as necessary)

Employer Name: _____
Position Held: _____ Salary/Wages _____
Address: _____ Dates : _____
(Street) City) (State) (Zip Code) (From MM/YYY to MM/YYY)
Contact Person: _____ 10 digit Phone Number: _____
Reason for leaving: _____

Were you subject to the FMCSR’s while employed here? Yes _____ No _____

Was your Job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing requirement of 49 CFR Part 40? Yes _____ No _____

Employer Name: _____
Position Held: _____ Salary/Wages _____
Address: _____ Dates : _____
(Street) City) (State) (Zip Code) (From MM/YYY to MM/YYY)
Contact Person: _____ 10 digit Phone Number: _____
Reason for leaving: _____

Were you subject to the FMCSR’s while employed here? Yes _____ No _____

Was your Job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing requirement of 49 CFR Part 40? Yes _____ No _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care provider, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or contract termination. I understand, also that I am required to abide by all rules and regulations of the company.

(Applicant’s Signature)

(Date)

Additional Information

Use this page to provide additional information not listed on preceding pages. Please mark clearly which section you are providing the additional information for.