



# COOGLER CONSTRUCTION INC.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
First Middle Last

Current Address \_\_\_\_\_  
Street City State Zip Code

\*If at the above residence less than three years, list below all residences for the past three years.

Street \_\_\_\_\_ City State Zip Code

Street \_\_\_\_\_ City State Zip Code

Emergency Contact & Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Position applying for \_\_\_\_\_ Temporary \_\_\_ Part Time \_\_\_ Full Time \_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name \_\_\_\_\_

### DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if applying for driver position

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation required that driver applicants state  
Month/day/year  
 their date of birth (§391.21(b)(2))

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers Licenses had in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration 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 \_\_\_  
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

If you answered "YES" to A, B, C, attach a statement giving details

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers- LCV's				
Other				

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

List driving awards held and who awards were presented by? \_\_\_\_\_

### ACCIDENT REVIEW FOR PAST 3 YEARS (attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-on, Rear-end, Overturn, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

### TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS

Location	Date	Charge	Penalty

### EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past ten years immediately preceding this year period. §391.21(B) (10), (11)

Start with last or current position, including military experience, and work back. You may use the back of this form for more space.

Current Employer: \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

Reason for leaving \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's Full Name \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
month/year month/year

### MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

#### JOB FUNCTION

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections General Car Repair		

#### SHOP EQUIPMENT

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			-Tire Servicing Machine -Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			-Inspections -General Car Repair		

**CLERICAL EXPERIENCE & QUALIFICATIONS**

List Courses and Training in Office Work \_\_\_\_\_

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing			Tabulator		
Computers (indicate Software)			Accounting		
Word processing Equipment			OS & D		
Key Punch			Interline		
Calculator			Claims		
Adding Machine			Cashier		
Telecopier			Dispatcher		
Photocopier					

Rates (indicate tariffs with which you have worked) \_\_\_\_\_

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons name herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature

**FOR OFFICE USE-DO NOT WRITE IN THIS SPACE  
PROCESS RECORD**

\*Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Employed \_\_\_\_\_

Department \_\_\_\_\_

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY  
REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy & Traffic Record						

\*driver applicants only

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

Reason for Transfer \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_