

APPLICATION FOR EMPLOYMENT



12218 Sibley Rd
Riverview MI 48193
734-283-4230

ALWAYS RELIABLE
ALWAYS ON TIME

Thank you for your interest in working for Arrow Freight Systems. Our mission is to provide safe, dependable and efficient transportation service to our customer at a competitive cost. Our drivers serve our customer best when they demonstrate a safe driving record, a professional attitude, and a willingness to work as a team player! If this sounds appealing, then AFS may be the right opportunity for you. Various Federal, State and local laws prohibit discrimination on the basis of race, color, sex, religion, national origin, ancestry, age, disability, sexual orientation, marital status or other legally protected categories. Arrow Freight is an equal opportunity employer, and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

PLEASE ANSWER EVERY QUESTION COMPLETELY. PLEASE TYPE OR USE INK. INCOMPLETE APPLICATIONS AND APPLICATIONS SUBMITTED IN PENCIL WILL NOT BE CONSIDERED.

Social Security No. Drivers' License #

Date Available for Work:

Name: FIRST MIDDLE LAST

Phone Number ( ) Email address

\*Current Address:

Street State Zip Code

\*If you have lived at the above address for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Have you ever used another name? YES NO

If yes, what name? Have you ever been convicted of a crime or entered a plea of no contest, other than a minor traffic violation?

YES NO 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.

Were you ever employed by Arrow Freight Systems before? YES NO

If yes, from to Reason for leaving:

How did you hear about us?

Have you previously applied for a position with Arrow Freight? YES NO If so, when?

**EDUCATION**

Last School Attended

Name	Address
Degree or Certificate	

**DRIVER QUALIFICATION & EXPERIENCE**

\*Date of Birth (m/d/y) \_\_\_\_\_ \*The U.S. Department of Transportation regulations require that driver applicants state their date of birth. 49 C.F.R. §391.21(b)(2).

**DENIAL, SUSPENSION OR REVOCATION OF LICENSE** ' if you answer yes, attach a statement giving all details.

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  
\_\_\_\_\_ NO
- 2) Have you ever had a license, permit or privilege to operate a motor vehicle suspended or revoked? YES  
\_\_\_\_\_ NO
- 3) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES  
\_\_\_\_\_ NO

**List the Drivers Licenses that you have held in the past three (3) years.**

State	License No.	Type	Expiration Date

Do you have a tanker endorsement on your CDL?

Do you have a hazardous materials endorsement on your CDL? \_\_\_\_\_ YES \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc...)	From	To	Approximate Total Miles
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

Have you ever been terminated from any employment? YES NO

If List States operated in during the last five years \_\_\_\_\_

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

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

**ACCIDENT REVIEW FOR PAST 10 YEARS** Attach a separate sheet if more space is needed.

	Date	Nature of Accident (Head on, rear end, upset, etc)	Fatalities	Injuries
Last accident				
Next previous				
Next previous				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 7 YEARS** [other than parking violations] Attach a separate sheet if necessary.

Location	Date	Charge	Penalty

**DRUG & ALCOHOL STATEMENT**

The U.S. Department of Transportation regulations (49 CFR §40.25) require that an employer ask and the applicant answer the following questions:

In the last two years, have you tested positive for drugs and/or alcohol during a pre-employment drug and alcohol test that resulted in you not being offered a safety sensitive transportation position? \_\_\_\_\_ YES \_\_\_\_\_ NO

In the last two years, have you refused to take a pre-employment drug and alcohol test that resulted in you not being offered a safety sensitive transportation position? \_\_\_\_\_ YES \_\_\_\_\_ NO

**EMPLOYMENT RECORD**

Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you are currently employed, may we contact your employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

yes, please explain.

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Drivers must also show commercial driving employment for the seven years immediately preceding this three year period. 49 CFR §391.21(b)(10),(11). Please include your entire work history for the past 10 years.

Start with last or current position, including military experience. Attach a separate sheet if necessary.

(1) Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

(2) Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

(3) Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

(4) Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

(5) Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

(6) Company \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Position held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

# APPLICATION CERTIFICATION

**(Please read carefully.)**

I certify that I have read and understand this employment application. I understand that false, misleading and/or omitted information on this application is sufficient grounds for rejection or if hired, termination. I hereby authorize Arrow Freight Systems, or its agents, to verify all statements made by me on this application and/or any resume to the extent permitted by Federal, State, or local law, including but not limited to my driving record, accident history, suspension, revocation, and/or denial of my driver's license, traffic convictions and employment record. Specifically, I hereby authorize Arrow Freight and/or its agent, to obtain a current Motor Vehicle Record. I hereby release AFS and other persons named herein from all liability for any damages on account of obtaining or furnishing any such information. I understand that this application for employment will be kept for a period of one year.

I understand that as an applicant, I may be asked to demonstrate that I am able to perform the essential functions of the position with or without a reasonable accommodation. I also understand that if I am offered a position with AFS such employment will be conditioned upon passing a drug test, U.S. Department of Transportation physical and a criminal background search. If hired, I agree to provide AFS a written authorization to check all previous employers, listed or not, pursuant to 49 CFR §382.413 (a).

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY  
MANAGER MUST COMPLETE UPON HIRING

Department # \_\_\_\_\_ Location \_\_\_\_\_ Hire Date \_\_\_\_\_

Date of Interview (s) \_\_\_\_\_ Interviewed by \_\_\_\_\_ Hired by \_\_\_\_\_