Application for Employment
STAR FLEET INC
PO BOX 769
Goshen, Indiana 46527

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Name _____ *Social Security No.*_____

Current Address _____
Street City State ZIP

Home Phone _____ *Cell Phone* _____ *Email* _____

If current residency is less than 3 years please include additional addresses for the past 3 years.

_____
Street City State Zip

_____
Street City State Zip

Do you have a legal right to work in the United States of _____

Date of Birth ____ /___ /_____ *Can you provide proof of age?* _____

Have you worked for this company before? _____ *Where?* _____

*Dates: From*_____ */ To /*_____

*Position*_____*Reason for leaving* _____

*Are you employed now?*_____ *If not, how long since leaving your last employment?* _____

Who referred you? _____

Is there is any reason you might not be able to perform the functions of the job for which you have applied?

_____ *If yes, explain if you wish* _____

EMPLOYMENT HISTORY

You have the right to review all safety performance history information provided by your previous employers.

*All driver applicants to drive in interstate and intrastate commerce must provide the following information on all employers during the preceding **10** years.* ***LIST COMPLETE MAILING ADDRESSES, CITY, STATE, ZIP AND PHONE NUMBERS.***

Employer			***Date***	
Name			*From*	*To*
Address			*Position Held*	
City	*State*	*Zip*	*Salary / Wage*	
Contact Person	*Phone*		*Reason for Leaving*	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed? Yes No				
Was your position designated as a safety sensitive function? Yes No				

Employer			***Date***	
Name			*From*	*To*
Address			*Position Held*	
City	*State*	*Zip*	*Salary / Wage*	
Contact Person	*Phone*		*Reason for Leaving*	
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Employer			***Date***	
Name			*From*	*To*
Address			*Position Held*	
City	*State*	*Zip*	*Salary / Wage*	
Contact Person	*Phone*		*Reason for Leaving*	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed? Yes No				
Was your position designated as a safety sensitive function? Yes No				

Accident Record for the past 3 years:

Dates	***Nature of Accident***	***Fatalities***	***Injuries***
1			
2			
3			
4			

Traffic Convictions Moving Violations for the past 3 years, if none write none.

	Dates	***Location***	***Charge***	***Fine***
1				
2				
3				
4				

Education

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Drivers License Information:

State	***License Number***	***Type***	***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 driving privilege ever been suspended or revoked? Yes / No

If the answer to either A or B is yes, please give details: _____

_____

_____

Driving Experience If none write 'NONE'

Class of Equipment:	***Dates*** ***Start***	***End***	***Approx. Number of Total Miles***
Straight Truck			
Tractor-Semi Trailer			
Motor coach School Bus			
5th Wheel RV's			
Other			

List all states operated in the last five years.

_____

_____

_____

List special courses or training that you have taken that will help you as a driver.

_____

_____

_____

_____

_____

Which Safe Driving Awards do you hold and from whom?

_____

_____

_____

** * * Emergency Contact Information * * **

In the event of an emergency, whom should Star Fleet notify?

Name _____ ***Telephone Number*** _____

Name _____ ***Telephone Number*** _____

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. 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. In the event of my employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

_____ _____

Date ***Signature***