

### American Insulated Glass, Inc.

3965 E. Conley Road  
Conley, GA 30288  
Ofc 404-361-9154  
Fax 404-361-9157

AN EQUAL OPPORTUNITY EMPLOYER

### DRIVER'S APPLICATION FOR EMPLOYMENT

Please Print

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

Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

D.O.B: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or over? Yes  No

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

Do you have reliable transportation to and from work? Yes  No

DRIVER'S LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

#### CURRENT ADDRESS

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

#### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION** Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

**DRIVING EXPERIENCE AND QUALIFICATIONS**

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPOX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED MONTH/YEAR	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license/permit or privilege to operate a motor vehicle?  
YES \_\_ NO \_\_

If yes, explain

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B. Has any license, permit or privilege ever been suspended or revoked?  
YES \_\_ NO \_\_

If yes, explain

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EMPLOYMENT RECORD(ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes\_\_ No\_\_ Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes\_\_ No\_\_

SECOND LAST EMPLOYER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes\_\_ No\_\_ Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes\_\_ No\_\_

THIRD LAST EMPLOYER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes\_\_ No\_\_ Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes\_\_ No\_\_

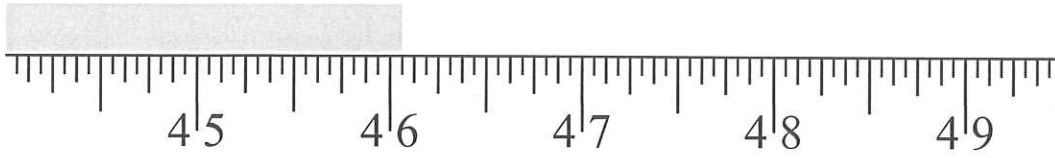
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

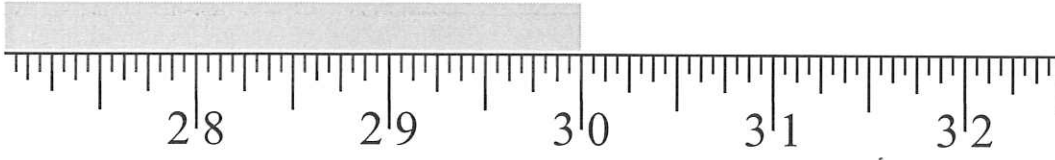


Name \_\_\_\_\_

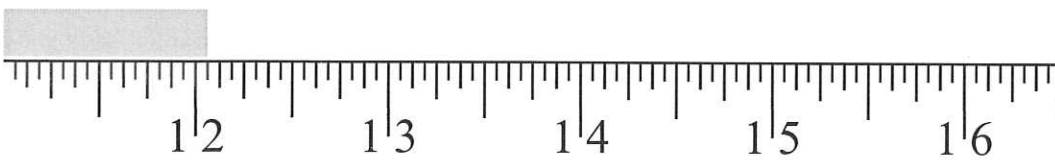
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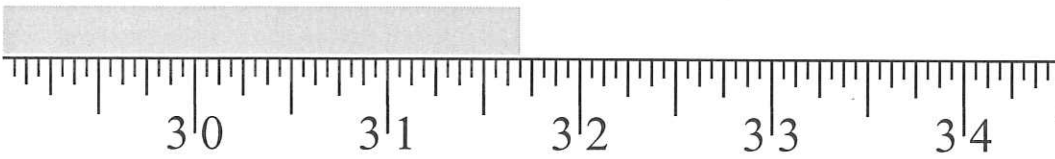
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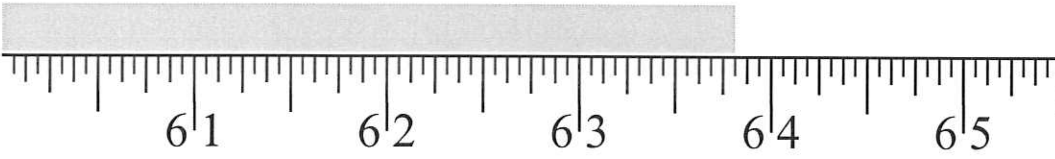
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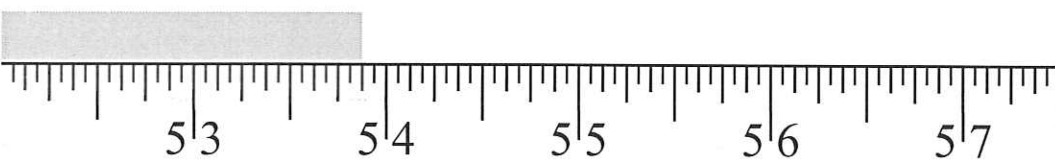
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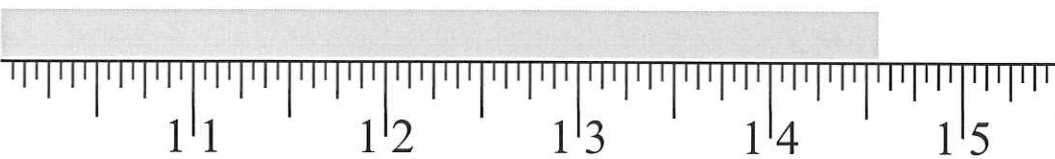
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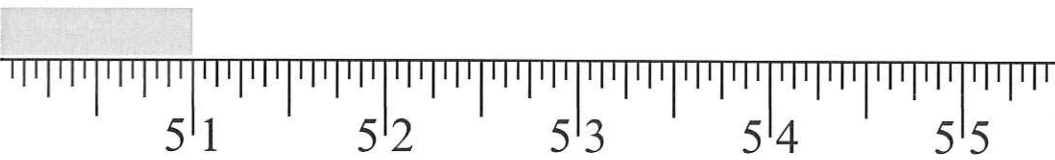
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