



30520 Tracy Road, #1  
Walbridge, Ohio 43465-9997  
419-661-2500

# Driver Application for Employment

Print legibly and answer all questions. Completeness is important in the evaluation of all job applications.

**Upon completion, return this application to:**

**Nagle Leasing, Inc., 30520 Tracy Road, #1, Walbridge, Ohio 43465.**

The NAGLE COMPANIES are an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Date of Application	Position Applying For?	OTR	O/O	Social Security No.
Last Name	First	Middle	Driver's License No.	State
Street Address			Home Phone No. ( )	
City	State	Zip	Date of Birth	
Emergency Contact Person	Relationship	Phone No. ( )		
How did you find out about the job?	<input type="radio"/> Advertisement	<input type="radio"/> Inquiry	<input type="radio"/> Friend	
	<input type="radio"/> Employment Agency	<input type="radio"/> Relative	<input type="radio"/> Other _____	

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed with us before? If Yes, give date \_\_\_\_\_  Yes  No

Do any of your friends or relatives, other than spouse, work here?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment*  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary  Other \_\_\_\_\_

Are you available for weekends?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you ever tested positive on a Controlled Substance &/or Alcohol Test?  Yes  No

Have you ever refused to take a Controlled Substance &/or Alcohol Test?  Yes  No

If yes, How long ago? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, describe in full. \_\_\_\_\_

*Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for may, however, be considered.*

Provide previous resident addresses for the past three (3) years. (Use an additional page if necessary)

Street Address	City	St.	Zip	How long?
Street Address	City	St.	Zip	How long?
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**Education** (Circle Highest Grade Completed)

Elementary: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Did you graduate? \_\_\_\_\_

Years attended: Elementary: From \_\_\_\_\_ To \_\_\_\_\_ High School: From \_\_\_\_\_ To \_\_\_\_\_ College: From \_\_\_\_\_ To \_\_\_\_\_

Last School Attended \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

**Qualifications and Experience**

State License No. Type Expiration Date  
Driver License: \_\_\_\_\_

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

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

**IF THE ANSWER TO EITHER QUESTION ABOVE IS YES, ATTACH A STATEMENT GIVING DETAILS.**

**Driving Experience**

	Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
			From	To	
Straight Truck	_____	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

List states operated in for the last 5 years: \_\_\_\_\_

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

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Accident** record for past 3 years or more (attach sheet if more space needed)

	Date	Nature of Accident Head-On, Rear-End, Etc.	Fatalities	Injuries
Last Accident:	_____	_____	_____	_____
Next Previous:	_____	_____	_____	_____
Next Previous:	_____	_____	_____	_____

**Traffic Convictions** and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Employment History

Applicants applying for driver positions in commercial motor vehicles for intrastate or interstate commerce shall provide 10 years information on those employers for whom the applicant operated such vehicles.

**(Note: list employers starting with most recent first. Add another sheet if necessary.)**

### Employer

Name \_\_\_\_\_ Phone \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Mo.&Yr.  
Reason for Leaving \_\_\_\_\_

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

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Mo.&Yr.  
Reason for Leaving \_\_\_\_\_

\*Includes vehicles having a GVWR or 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**Please Read and Initial Each Paragraph Below (if there is any part of this document you do not understand, please ask the interviewer about it before signing).**

I hereby authorize the Nagle Companies and its representatives to investigate the responses contained in this application and specifically, to obtain information concerning my motor vehicle operating record, criminal convictions, employment history, educational history, and except as may be limited by applicable law, other matters reasonably related to my employment candidacy. In addition, I hereby release the Nagle Companies, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

I understand and agree that if I am employed, my employment relationship with the Nagle Companies is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the Nagle Companies, and that no promises or representations contrary to the foregoing and binding on the Nagle Companies unless made in writing and signed jointly by the President/CEO and myself. \_\_\_\_\_

I understand that any offer of employment is contingent on my passing a pre-employment controlled substances test, a pre-employment physical examination, and the background checks referred to above. I also understand, that if hired, I voluntarily consent to undergo such periodic physical exams and substance testing as required to maintain compliance with all regulatory agencies governing the transportation industry and company policy. I further understand that refusal to submit to a substance screen will be considered a voluntary resignation of employment. \_\_\_\_\_

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. \_\_\_\_\_

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied, or explicit, between me and the Nagle Companies. I here by certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_

My signature below certifies that I have read and understand this complete document and agree to the terms and conditions outlined.

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_