

**Cason Transport, LLC
P.O. Box 428
3659 Duaneburg, NY 12056**

518-895-5815 (PHONE) 518-895-5818 (FAX)

Application for Employment

Name: _____ Preferred Name: _____

Telephone: _____ Email: _____

Current address: _____

Date of Birth: _____ SS#: _____

Address for the past three years (attach sheet if additional room is necessary):

1.) _____ How long? _____

2.) _____ How long? _____

Experience and Qualifications—DRIVER

Driver Licenses	State	License #	Type / Endorsements	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Dates		Approx # of miles (total)
		From	To	

Accident Record for Past 3 Years (attach sheet if additional room is necessary)

Dates	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions & Forfeitures for the Past 3 years (other than parking violations)

(attach sheet if additional room is necessary)

Location	Date	Charge	Penalty

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 _____

If the answer to either A or B is YES- give a detailed statement below:

Previous Drug and Alcohol Test Results

During the previous two years, have you ever:

1. Tested positive on a pre-employment drug or alcohol test administered that an employer that you applied to, but did not obtain, safety-sensitive transportation work?

YES _____ NO _____

2. Refused to test on a pre-employment drug or alcohol test administered by an employer that you applied to, but did not obtain, safety-sensitive transportation work?

YES _____ NO _____

If the answer to either 1 or 2 above- give a detailed statement below

Employment Record (past 10 years) (attach additional page if necessary)

Last Employer: _____ Phone #: _____

Address: _____

From: _____ To: _____ Position Held: _____ Contact Person: _____

Equipment Operated: _____

Reasons for Leaving: _____

Second Last Employer: _____ Phone #: _____

Address: _____

From: _____ To: _____ Position Held: _____ Contact Person: _____

Equipment Operated: _____

Reasons for Leaving: _____

Third Last Employer: _____ Phone #: _____

Address: _____

From: _____ To: _____ Position Held: _____ Contact Person: _____

Equipment Operated: _____

Reasons for Leaving: _____

Forth Last Employer: _____ Phone #: _____

Address: _____

From: _____ To: _____ Position Held: _____ Contact Person: _____

Equipment Operated: _____

Reasons for Leaving: _____

Fifth Last Employer: _____ Phone #: _____

Address: _____

From: _____ To: _____ Position Held: _____ Contact Person: _____

Equipment Operated: _____

Reasons for Leaving: _____

To Be Read and Signed by Applicant

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant's Signature: _____