



APPLICATION FOR OWNER OPERATORS AND SUB CONTRACTORS – CLASS “A” CDL HOLDERS ONLY.

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, veteran status, no-job related disability, or any other protected group status.

Name (First, Middle, Last) _____

Social Security# _____

Current Address _____

City, St, Zip _____

Home phone# _____ Cell phone# _____

Previous Address _____

City, St, Zip _____

Previous Address _____

City, St, Zip _____

Do you have the legal right to work in the USA? _____

Date of Birth (Required for Commercial Drivers) _____

Have you worked for Hammer Express, Inc. before ? Y / N

If so, when From _____ To _____ Position _____

Reason for leaving _____

Are you currently working ? Y / N If not, how long since leaving last employment? _____

Who referred you to Hammer Express, Inc? _____

Have you ever been convicted of a felony ? Y / N

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.

Is there any reason you might be unable to perform the functions of the job for which you have applied for? (Intermodal Container Cartman) Y / N

if yes, please explain _____

Employment History

Note: All driver applicants to drive in interstate/intrastate commerce must provide the following information on all employers (self or leased to) during the preceding 10 years. Information to include name, complete mailing address, street number, city, state and zip code. Please start with most recent be honest and as accurate as possible.

Name _____ From _____ To _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason left _____
Phone# _____ Fax# _____ Email: _____
Were you subject to FMCSRs Rules and Regulations while employed/leased? Y / N
Were you subject to Drug and Alcohol testing as required under 49 CFR Part 40? Y / N

Name _____ From _____ To _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason left _____
Phone# _____ Fax# _____ Email: _____
Were you subject to FMCSRs Rules and Regulations while employed/leased? Y / N
Were you subject to Drug and Alcohol testing as required under 49 CFR Part 40? Y / N

Name _____ From _____ To _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason left _____
Phone# _____ Fax# _____ Email: _____
Were you subject to FMCSRs Rules and Regulations while employed/leased? Y / N
Were you subject to Drug and Alcohol testing as required under 49 CFR Part 40? Y / N

Name _____ From _____ To _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason left _____
Phone# _____ Fax# _____ Email: _____
Were you subject to FMCSRs Rules and Regulations while employed/leased? Y / N
Were you subject to Drug and Alcohol testing as required under 49 CFR Part 40? Y / N

Name _____ From _____ To _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Reason left _____
Phone# _____ Fax# _____ Email: _____
Were you subject to FMCSRs Rules and Regulations while employed/leased? Y / N
Were you subject to Drug and Alcohol testing as required under 49 CFR Part 40? Y / N

Note: The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle 1. Weighs or has a GVWR of 10,001 pounds or more, 2. Is designated or used to transport or than 8 passengers, including the driver. 3. Is of any size and is used to transport materials in quantity requiring placarding.

*Included vehicles having a GVWR of 20,001 pounds or more, vehicles designed to transport 16 or more passengers, including the driver or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



Accident Record – for the past 3 years or more (Auto or Semi – all apply) If none, write NONE.

Last Accident

Date _____ Nature of Accident _____

Fatalities _____ # Injuries _____ Was this a Haz Mat spill _____

Next Previous

Date _____ Nature of Accident _____

Fatalities _____ # Injuries _____ Was this a Haz Mat spill _____

Next Previous

Date _____ Nature of Accident _____

Fatalities _____ # Injuries _____ Was this a Haz Mat spill _____

Traffic Convictions – and forfeitures for the past 3 years. If none, write NONE.

Location _____ Date _____ Charge _____ Penalty _____

Location _____ Date _____ Charge _____ Penalty _____

Location _____ Date _____ Charge _____ Penalty _____

Driver License, permits for the last 3 years.

State _____ License # _____ Class _____ Exp _____

Endorsements _____

State _____ License # _____ Class _____ Exp _____

Endorsements _____

State _____ License # _____ Class _____ Exp _____

Endorsements _____

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

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

If yes to either please explain



Driving Experience

Straight Truck Yes__ No__ Dates From _____ To _____ Approx. # miles _____

Tractor/Semi-Trailer Yes__ No__ Dates From _____ To _____ Approx. # miles _____

Tractor/ Doubles Yes__ No__ Dates From _____ To _____ Approx. # miles _____

Tractor/ Triples Yes__ No__ Dates From _____ To _____ Approx. # miles _____

Motor Coach/Bus (8pass+) Yes__ No__ Dates From _____ To _____ Approx. # miles _____

(16pass+) Yes__ No__ Dates From _____ To _____ Approx. # miles _____

List all States operated in for the past 5 years

List special courses/training taken to help you as a driver

Have you received any safe driving awards in the past 5 yrs and from whom?

List any trucking, transportation or other experience that may help you in working for Hammer Express, Inc

List any courses or training not previously indicated

List any special equipment you have operated or technical materials you can work with you have not previously listed

Education –

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 - College 1 2 3 4 5+

Name of last school attended

Name _____

City _____ State _____



To be read and signed by applicant

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. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and /or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to

1. Review information provided by previous employers
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature _____ Date _____

This certifies that this application was completed by me and that all entries on it and information in it are true and completes to the best of my knowledge.

Signature _____ Date _____

Fax completed application to 708-485-1032 Attn Safety

Email Erika@Hammerexpress.com or Janet@hammerexpress.com

