

Palmer Express, Inc. dba Willo Transportation
34799 Curtis Blvd., Unit A, Eastlake, Ohio 44095
440-942-3333

Application for Qualification

Instructions to Applicant:

Please answer all questions. If the answer to any question is "NO" or "NONE", do not leave the item blank, instead write "No" or "None".

Date: ____/____/____

Name: _____
 First Middle Last

Social Security #: ____-____-____

Position Applying for: _____

Phone #: (____)____-____

Email Address: _____

Cell Phone #: (____)____-____

Driver's License #: _____

Current & Previous Addresses for the Past Three Years:

_____ From: ____/____/____ To: ____/____/____
 Street Address

_____ City/State/Zip

_____ From: ____/____/____ To: ____/____/____
 Street Address

_____ City/State/Zip

_____ From: ____/____/____ To: ____/____/____
 Street Address

_____ City/State/Zip

_____ From: ____/____/____ To: ____/____/____
 Street Address

_____ City/State/Zip

Employment:

Absolutely no gaps in employment history for the past three years, including self-employment.

List all commercial driving experience for the past ten years.

1.) From: ___ / ___ / ___ To: ___ / ___ / ___ Company: _____
Phone #: (____) _____ - _____ Address: _____
Position Held: _____ City: _____
Salary: _____ State: _____ Zip: _____
Contact Name: _____
Reason for Leaving: _____

2.) From: ___ / ___ / ___ To: ___ / ___ / ___ Company: _____
Phone #: (____) _____ - _____ Address: _____
Position Held: _____ City: _____
Salary: _____ State: _____ Zip: _____
Contact Name: _____
Reason for Leaving: _____

3.) From: ___ / ___ / ___ To: ___ / ___ / ___ Company: _____
Phone #: (____) _____ - _____ Address: _____
Position Held: _____ City: _____
Salary: _____ State: _____ Zip: _____
Contact Name: _____
Reason for Leaving: _____

4.) From: ___ / ___ / ___ To: ___ / ___ / ___ Company: _____
Phone #: (____) _____ - _____ Address: _____
Position Held: _____ City: _____
Salary: _____ State: _____ Zip: _____
Contact Name: _____

Reason for Leaving: _____

5.) From: ___ / ___ / ___ To: ___ / ___ / ___ Company: _____
Phone #: (____) _____ - _____ Address: _____
Position Held: _____ City: _____
Salary: _____ State: _____ Zip: _____
Contact Name: _____

Reason for Leaving: _____

Driving Experience:

Van	From: ___ / ___ / ___	To: ___ / ___ / ___
Shuttle Bus	From: ___ / ___ / ___	To: ___ / ___ / ___
School Bus	From: ___ / ___ / ___	To: ___ / ___ / ___
Coach	From: ___ / ___ / ___	To: ___ / ___ / ___
Other _____	From: ___ / ___ / ___	To: ___ / ___ / ___

List states you have operated in for the past five years: _____

List special courses or training that you hold that will help you as a driver: _____

List safe driving awards that you hold: _____

Are you now or have you ever been certified by the State of Ohio to transport school children? ___ Yes ___ No

If Yes, when and where? _____

Accident Record for the Past Three Years: (attach sheet if more space is needed)

Date	Details of Accident
/ /	
/ /	
/ /	

Traffic Convictions, Forfeitures and Suspensions for the Past Three Years:

Date	Charge	Location	Penalty	Type of Vehicle
/ /				
/ /				
/ /				
/ /				

Driver's License:

List each driver's license issued to you in the past three years:

State	License #	Type	Endorsements	Expiration
				/ /
				/ /
				/ /

- 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
- C.) Have you ever been convicted of a crime? ___ Yes ___ No

If the answer to any of these questions is "YES", give details:

Personal References:

List three persons for references, other than relatives, who have knowledge of your character:

Name: _____ Address: _____

Phone #: (____) ____ - _____

Name: _____ Address: _____

Phone #: (____) ____ - _____

Name: _____ Address: _____

Phone #: (____) ____ - _____

Do not fill out Date of Birth unless you are applying for a CDL position per FMCSR Part 391.21.
Date of Birth: ____/____/____

Please Read and Sign Below:

It is agreed and understood that any misrepresentation given above shall be considered as an act of dishonesty.

It is agreed and understood that **Palmer Express, Inc. dba Willo Transportation** its employees, officers, directors, agents or assignees may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases **Palmer Express, Inc. dba Willo Transportation** its employees, officers, directors, agents or assignees and any past employers it's employees, officers, directors, agents or assignees or any persons named herein from any and all liability of any type as a result from furnishing such information.

It is also agreed and understood that under the Fair Credit reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living and motor vehicle license report.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file including but not limited to physical exam, as well as state and federal background checks as my be required by local, state or federal law.

It is agreed and understood that this application for qualification in no way obligates the employer to employ the applicant.

It is agreed and understood that if qualified, the applicant will be on a probationary period during which time he/she may be disqualified without recourse. Furthermore, I understand that my employment would be "at will", and may be terminated by either me or the employer at any time, for no reason or for any reason not contrary to law, with or without notice. I understand that there are no provisions that modify or amend the "at will" nature of employment with **Palmer Express, Inc. dba Willo Transportation**.

It is understood and agreed that if I (applicant): a.) fail any of the pre-employment medical exam/drug or alcohol screens/background checks/tests; b.) turn down a position offered after any of the pre-employment exams/screens/checks/tests have been completed; or c.) terminate or cause my employment to be terminated within 90 days of being hired; I will reimburse **Palmer Express, Inc. dba Willo Transportation** for any and all exams/screens/checks/tests that have been completed. I hereby authorize **Palmer Express, Inc. dba Willo Transportation** to collect from me and/or deduct from my paycheck all applicable charges.

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

Date:

Applicant Signature:

_____/_____/_____
