



**GENERAL PET SUPPLY MIDWEST, LLC.**  
**8805 E. 34<sup>th</sup> Street North**  
**Wichita, KS 67226**

**DRIVER APPLICATION**

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, non-job related disability, or any other protected group status.

NAME \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 (First) (MI) (Last)

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ ARE YOU OVER THE AGE OF 18 YEARS?  YES  NO

**LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS**

CURRENT ADDRESS \_\_\_\_\_ How Long? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Street) (City) (State & Zip) (mo. /yr.) (mo. /yr.)

PREVIOUS ADDRESSES \_\_\_\_\_ How Long? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Street) (City) (State & Zip) (mo. /yr.) (mo. /yr.)

\_\_\_\_\_  
 (Street) (City) (State & Zip) How Long? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo. /yr.) (mo. /yr.)

\_\_\_\_\_  
 (Street) (City) (State & Zip) How Long? From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo. /yr.) (mo. /yr.)

ARE YOU WILLING TO ACCEPT:  FULL-TIME  PART-TIME  SEASONAL  TEMPORARY

WAGES EXPECTED \$ \_\_\_\_\_ HOURS WILLING/ABLE TO WORK (TIMES): \_\_\_\_\_

WILLING/ABLE TO WORK OVERTIME?  YES  NO DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE U.S.?  YES  NO (PROOF IS REQUIRED)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE? \_\_\_\_\_  
 (THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (β391.21 (b) (2)).

LIST SKILLS OR QUALIFICATIONS YOU HAVE TO OFFER THIS COMPANY \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

ANY RELATIVES OR FRIENDS IN OUR EMPLOY? \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

HAVE YOU APPLIED HERE BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS COMPANY/POSTION? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEADED NO CONTEST FOR ANY OFFENSE OR VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS?  YES  NO (Convictions are not an automatic bar to employment; however falsification or misrepresentation of information may be grounds for dismissal.) If yes, complete:

CONVICTION REASON	DATE	CITY/STATE

## WORK EXPERIENCE

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in interstate or interstate commerce shall also provide an **additional 7 years**† information on those employers for whom the applicant operated such vehicle. List most recent employers first. Add an additional sheet if necessary.

1. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED?  YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

2. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED?  YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

3. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED?  YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

4. COMPANY \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WAGE: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_  
(Street) (City) (State & Zip)  
DATES EMPLOYED: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_  
(mo. /yr.) (mo. /yr.) (Name and Title)  
JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRs<sup>†</sup> WHILE EMPLOYED?  YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES  NO

\* Includes vehicles having a GVWR of 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 regarding placarding.

† 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 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EXPLAIN ALL GAPS IN YOUR WORK HISTORY (to account for the last 10 years)**

DATES	REASON

**EDUCATIONAL BACKGROUND**

TYPE OF SCHOOL	NAME, CITY & STATE	GRADUATED	MAJOR
ELEMENTARY		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED/HSED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TRADE		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LICENSES**

All Drivers Licenses and permits held in the past 3 years must be listed.	STATE	LICENSE #	CLASS	ENDORSEMENTS	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO
2. Has any license, permit, privilege ever been suspended or revoked?  YES  NO
3. Have you ever been disqualified for violations of the motor carrier safety regulations?  YES  NO

If you answered yes to 1, 2, or 3 explain: \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

(Check 'yes' or 'no' to each class of equipment)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROXIMATE # OF TOTAL MILES
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor - Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor - Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Motor Coach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	-	/	/	
Motor Coach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	-	/	/	
Other _____		/	/	

LIST STATES OPERATED IN DURNING THE LAST 5 YEARS \_\_\_\_\_  
 \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DELIVERY DRIVER \_\_\_\_\_  
 \_\_\_\_\_

LIST SAFE DRIVING AWARDS HELD AND FROM WHO \_\_\_\_\_  
 \_\_\_\_\_

**ACCIDENT REVIEW FOR THE LAST 5 YEARS**

(Attach a separate piece of paper if necessary)

IF NONE; CHECK THIS BOX

DATE	NATURE OF ACCIDENT (head-on, rear-end-overturn, etc)	FATALITIES?	INJURIES?	CONVICTION/ CITATION?

