



Spartan Trucking Inc
 PO Box 326, Onondaga, MI 49264
 HR (517) 980-5558

Email completed application to:
 inquiry@spartantrucking517.com

_____	_____	_____
Last Name	First Name	Middle Name

Social Security Number	Cell Phone	Home Phone (if different)
Mailing _____		
Address: Street	City	State Zip Code

List other residence(s) for three (3) years prior to application, if applicable:

Mailing _____				
Address: Street	City	State	Zip Code	
Mailing _____				
Address: Street	City	State	Zip Code	

Do you have the legal right to be employed in the United States?	Yes	No	
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Date Available: _____	Salary Expected: _____	
Have you worked for this company before?	[] Yes [] No	
Location: _____	Position: _____	
Dates From: _____	To: _____	
Reason for leaving: _____		

Type	Name	Education		Years	Graduate?	Degree?
		Area of Study				
High						
College						
College						
Other						
Truck						

Training Courses: _____

Experience and Qualifications (Must be completed by all applicants)

List ALL states in which you are currently licensed or have been licensed within the past five (5) years.

Drivers License	State	License Number	Type	Expiration Date

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 details: _____

Driving Experience

Class or Equipment	Type of Equipment (Van, Trank, Flat, Etc.)	Dates	
		From	To
Straight Truck			
Tractor and Semi-Trailer			
Tractor - Two Trailers			
Auto Transport			

Total number of years of commercial driving experience: _____

List states operated in for the last five (5) years: _____

Have you received any traffice violations, convictions or forfeitures in the past three (3) years? _____

If so, list below.

Location	Date	Charge	Penalty

Attach sheet if more space is needed.

Have you been convicted of a felony? Yes No Court Martialed? Yes No
 (An affirmative response will not authomatically disqualify you from being a candidate for employment.)

If yes, give date and details: _____

I hereby certify that I have personally completed this application. I further certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that the information I have provided on this application will be used to contact prior employers for purposes of investigating my background as required by 391.23 of the Motor Carrier Safety Regulations. I understand that any omission or misstatement of material facts is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Spartan Trucking Inc., to thoroughly investigate my work record, experience, references and other matters related to my suitability and qualifications for employment. I authorize the previous employers and and references I have listed to disclose to Spartan Trucking Inc. any and all information related to my work record. I herby release Spartan Trucking Inc. and former employers, persons, companies or corporations supplying such information from all liability arising out of such investigation and disclosure. I agree to submit to pre-employment drug screening and random drug testing as required by law if offered a position with Spartan Trucking Inc.

I understand that nothing contained in the application or conveyed during an interview is intended to create an employment contract between Spartan Trucking Inc. and me. This application does not obligate the company to hire me.

Applicant's Signature: _____ Date: _____

Employment History Information

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 intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Note: List employers in reverse order starting with the most recent.

EMPLOYER			DATE	
Name			From: Mo.	Yr.
Address			To: Mo.	Yr.
City	State	Zip	Position Held	
Contact Person	Phone Number	Salary / Wage		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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