



AGWAY

DRIVER APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELLPHONE _____

Email: _____

List your addresses for the last three years

Street _____ City _____ State _____

Street _____ City _____ State _____

Street _____ City _____ State _____

Street _____ City _____ State _____

Education: Clic last grade completed: _____ College _____
Training _____ 8 9 10 11 12 _____ 1 2 3 4 _____

Are you currently employed? Yes _____ No _____

When would you be available to start work? _____

Days available to work Sun Mon Tues Wed Thu Fri Sat

Do you have a current DOT physical card? Yes _____ No _____

Drivers License Number _____ State _____ Exp. Date _____

Class(A,B,C,D) _____ List Endorsements _____ Restrictions _____

Have you ever been denied a license or permit? Yes _____ No _____

Have you had your license suspended or revoked? Yes _____ No _____ Why? _____

Experence:

Power Equipment	Type of Equipment	Number of years	States driven in
Straight Truck			
Tractor Trailer			
Bus			
Other			

Do you have experience with lift gates? Yes _____ No _____

Are you able to lift and carry at least 80 pounds? Yes _____ No _____

Please list ALL employers for past three years and driving positions for seven years

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Phone	
Reason for Leaving		

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Phone	
Reason for Leaving		

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Phone	
Reason for Leaving		

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Phone	
Reason for Leaving		

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Phone	
Reason for Leaving		

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Phone	
Reason for Leaving		

Employer	Date employed from	to
Address	Position	
City	State	Zip
Contact Person	Wage	
Reason for Leaving		
Phone		

Accident Record for Past Three years

Date	Nature of Accident	No. of fatalities	No of injuries	Commercial vehicle?

Traffic Conviction Record past three years

State	Date	Charge	Penalty	Commercial vehicle?

I Certify that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicants Signature: _____ Date: _____

Do not write below this line

Called for Interview: _____

Resume attached: _____

Interview date & time: _____

Abstract attached: _____

Notes: