



OTD INITIAL APPLICATION
(ANSWER ALL QUESTIONS-PLEASE PRINT)

ARE YOU ATTACHING A RESUME THAT COVERS EMPLOYMENT HISTORY – YES ___ NO ___

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Current Address _____
Street City State Zip Code
Phone _____ Cellular/other phone # _____ How long? _____

Date of Birth _____ Have you performed delivery work for OTD before? _____

Where? _____ Dates: From _____ To _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Date available for work _____ / _____ / _____ Rate of pay expected _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? _____

If yes, please provide date(s) and details: _____

EMPLOYMENT HISTORY

EMPLOYER		DATES	
Name	Position	From: Mo. Yr.	To: Mo. Yr.
Reason for Leaving:		Final Pay Rate	
EMPLOYER		DATES	
Name	Position	From: Mo. Yr.	To: Mo. Yr.
Reason for Leaving:		Final Pay Rate	
EMPLOYER		DATES	
Name	Position	From: Mo. Yr.	To: Mo. Yr.
Reason for Leaving:		Final Pay Rate	

ACCIDENT RECORD FOR THE PAST 5 YEARS IF NONE, WRITE NONE

DATE(S)	NATURE OF ACCIDENT	FATALITIES	INJURIES
	(HEAD-ON, REAR-END, UPSET, ETC.)		
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES IN THE PAST 5 YEARS IF NONE, WRITE NONE			
LOCATION - CITY/STATE	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS
List all driver licenses or permits held in the past 5**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, (r privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Can you pass pre-employment and random drug tests YES NO

IF THE ANSWER TO EITHER A OR B IS YES GIVE DETAILS

DRIVING EXPERIENCE

CHECK TYPE OF EQUIPMENT - X	DATES		ESTIMATED ANNUAL MILES
	FROM	TO	
STRAIGHT TRUCK 24 TO 26 FT			
TRACTOR AND SEMI-TRAILER			
MOTORCOACH - SCHOOL BUS			
VAN(STEP/CARGO/SPRINTER)			
12 TO 16 FT BOX TRUCK			
OTHER - SPECIFY			