



MAIL TO: BOYD BROS. TRANS., INC.
3275 HWY. 30
CLAYTON, AL 36016
FAX: 334-775-1434

DATE _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-543-8923

PLEASE FILL OUT FORM COMPLETELY BOTH SIDES

(DO NOT LEAVE BLANKS)

APPLICATIONS WILL BE KEPT ON FILE FOR 60 DAYS. RECRUITING HOURS ARE 8 A.M. - 4 P.M. MON. - FRI.

1. FULL NAME _____ BIRTH DAY _____
2. ADDRESS _____ CITY _____
3. STATE _____ ZIP CODE _____ PHONE (AREA CODE _____) _____
4. CURRENT DRIVER LIC. # _____ STATE _____ SS# _____
5. OTHER DRIVERS LIC. # FOR PAST 3 YEARS _____ STATE _____
6. LICENSE EVER REVOKED OR SUSPENDED? _____
REASON _____
7. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO
EXPLAIN _____
8. HAVE YOU EVER ABANDONED A TRUCK? YES OR NO
9. YEARS OF EXPERIENCE _____ DO YOU HAVE A CLASS A CDL? YES OR NO
10. HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS? YES OR NO
11. IF YES HOW MANY? _____ EXPLAIN _____
12. HAVE YOU EVER ATTENDED A TRUCK DRIVING SCHOOL? YES OR NO
GRADUATION DATE _____ SCHOOL NAME & LOCATION _____
13. NO. OF MOVING VIOLATIONS IN THE PAST THREE YEARS _____
14. NO. OF SPEEDINGS IN PAST THREE YEARS _____

MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
MPH OVER LIMIT	MPH OVER LIMIT	MPH OVER LIMIT	MPH OVER LIMIT	MPH OVER LIMIT
15. DRUG/DWI/DUI CONVICTIONS EVER _____ RECKLESS DRIVING CONVICTIONS EVER _____
Month/Year- _____ Month/Year - _____
16. WHO RECRUITED YOU? Pam Casey

Please call your Recruiter at 1-800-543-8923

PLEASE LIST LAST 3 YEARS OF EMPLOYMENT OR UP 10 YEARS IF YOU HAVE HAD A CDL WITHIN THAT TIME

FROM: MONTH	YEAR	TO: MONTH	YEAR	CONTACT PERSON:
NAME				
ADDRESS				PHONE NO. ()
CITY		STATE	ZIP	POSITION(S) HELD
REASON(S) FOR LEAVING:				
				SALARY/WAGE
UNEMPLOYMENT DATE		DID YOU RECEIVE BENEFITS?		

FROM: MONTH	YEAR	TO: MONTH	YEAR	CONTACT PERSON:
NAME				
ADDRESS				PHONE NO. ()
CITY		STATE	ZIP	POSITION(S) HELD
REASON(S) FOR LEAVING:				
				SALARY/WAGE
UNEMPLOYMENT DATE		DID YOU RECEIVE BENEFITS?		

FROM: MONTH	YEAR	TO: MONTH	YEAR	CONTACT PERSON:
NAME				
ADDRESS				PHONE NO. ()
CITY		STATE	ZIP	POSITION(S) HELD
REASON(S) FOR LEAVING:				
				SALARY/WAGE
UNEMPLOYMENT DATE		DID YOU RECEIVE BENEFITS?		

FROM: MONTH	YEAR	TO: MONTH	YEAR	CONTACT PERSON:
NAME				
ADDRESS				PHONE NO. ()
CITY		STATE	ZIP	POSITION(S) HELD
REASON(S) FOR LEAVING:				
				SALARY/WAGE
UNEMPLOYMENT DATE		DID YOU RECEIVE BENEFITS?		

Boyd Bros Transportation

You are hereby authorized to give Boyd Bros. Transportation all information regarding my services, safety performance, character and conduct as well as my alcohol and controlled substance test results while in your employ, and you are released from any and all liability which may result from such information to the above named company.

Boyd Bros. Transportation has permission to run a Criminal History check on my name, date of birth, and social security number.

Under the Federal Motor Carrier Safety Regulations changes have been made to 49 CFR Part 391 effective April 29, 2004. As part of the hiring process under Part 391.23 of the FMCSA Regulations Boyd Bros. Transportation will be inquiring into your Safety Performance History and records of any violations under Part 391.23 or 49 CFR Part 40 concerning the regulations concerning alcohol and controlled substances.

For any information Boyd Bros. Transportation receives from a request from a previous employer covered under the FMCSA Regulations, you as an applicant have the following rights:

The right to review information provided by previous employers. Within the first 30 days of employment or within 30 days of denial of employment must make a written request to review the information Boyd Bros. Transportation receives from previous employers. Boyd Bros. Transportation will provide the requested information within five (5) business days.

The right to have errors in the information corrected by the previous Employer, and for that previous employer to re-send the corrected information.

The right to have rebuttal statement attached to the alleged erroneous information if the applicant and previous employer cannot agree.

I have read and understand the above rights of an applicant.

X _____
Signature
Date