



A Shred Ahead  
5409 Lumley  
Suite 106  
Durham, NC 27703

## Driver's Application for Employment

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, or non-job related disability.

Date of application: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City

State Zip Phone: \_\_\_\_\_

Address For Past Three Years

}	Street	City	State & Zip	How Long? _____
	Street	City	State & Zip	How Long? _____

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Truck Drivers)

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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### Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
Name City / State

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**EMPLOYMENT HISTORY**

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State Zip	Salary / Wage	
Contact Person	Phone #	Reason for leaving	
EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State Zip	Salary / Wage	
Contact Person	Phone #	Reason for leaving	
EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State Zip	Salary / Wage	
Contact Person	Phone #	Reason for leaving	
EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City	State Zip	Salary / Wage	
Contact Person	Phone #	Reason for leaving	

**Accident Record for past 3 years of more (Add another sheet as necessary)**

Dates (Most recent accident first)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries

**Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)**

Location	Date	Charge	Penalty

**Experience and Qualifications – Driver**

Driver	State	License #	Type	Expiration Date
<b>Licenses</b>				

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, attach a statement giving details.

List special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from who? \_\_\_\_\_

**Experience and Qualifications – Other**

List any employment experience that may help in your work for A Shred Ahead.

\_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application \_\_\_\_\_

\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever collected Worker's Compensation? YES\_\_\_ NO\_\_\_

Have you ever had an injury in the past that could re-occur during your employment here?  
YES\_\_\_ NO\_\_\_

Have you ever been refused employment due to an injury? YES\_\_\_ NO\_\_\_

Do you have any medical problems now? YES\_\_\_ NO\_\_\_

Do you take any medications? YES\_\_\_ NO\_\_\_

Have you ever lied about an injury or Worker's Compensation information on any previous  
employment application? YES\_\_\_ NO\_\_\_

If you answered YES to any of the above questions you MUST explain below (Add another sheet as  
necessary).

\_\_\_\_\_  
\_\_\_\_\_

**To Be Read and Signed by Applicant**

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

I authorize A Shred Ahead to make such investigations and inquiries of my personal, employment, and financial or medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand also, that I am required abide by all rules and regulations of A Shred Ahead.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature



**DISCLOSURE and AUTHORIZATION**

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, \_\_\_\_\_, hereby consent and authorize \_\_\_\_\_ or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). **In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under the FCRA, as prescribed by the Federal Trade Commission, section 609(c)(3).**

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list names and corresponding years. \_\_\_\_\_

Drivers License number: \_\_\_\_\_ State of issuance (DL): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2000 – 2009)  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

Current Address, City, State, & Zip  
\_\_\_\_\_

For Minnesota, Oklahoma and California check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquirehire at 800-494-5922.

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Print Full Name - Include Middle Name (please print legibly)