



Thank you for taking the time to apply for employment at Battle's Transportation Inc. We here at BTI take pride in providing professional and reliable transportation. That starts with a commitment to safety and complying to regulations set forth by Federal Motor Carrier Safety Administration (FMCSA). Please take your time completely filling out the application and be sure to have all the following attached when you submit. Thanks again for considering Battle's Transportation Inc.

CHECKLIST

- _____ Completed & Signed Employment Application (FMCSA 391.21)
- _____ Copy of 5 Year Driving Record (FMCSA 391.25)
- _____ Copy of DOT Medical Card (include long form physical) (FMCSA 391.43)
- _____ Copy of Valid Driver's License



3000 V St. NE Washington, DC 20018
 P:(202) 462-8658 F:(202) 832-6857

Drivers License #: _____ State: _____
 Expiration Date: ___ / ___ / ___
 CDL: Yes ___ No ___ MVR Check: ___ / ___ / ___

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: () _____ Cell Phone: () _____

Date Available: _____ Social Security No: _____ - _____ - _____ In accordance with DOT Reg. 391.21 DOB: ___ / ___ / ___

Position Applied for: _____ Desired Salary \$ _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
If Applying as a Driver, are you 25 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Referred by: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Handicap lift, etc.)	DATES		APPROX. NO. OF MILES/YEARS DRIVING VEHICLE
		FROM	TO	
Sedan, Non CDL				
Limousine/ Small Passenger Van, Non CDL:				
Passenger Van(s) Small Bus CDL License:				
Coach Bus/Other CDL License:				

What is your accident record for the past three years? Please list if there are any accidents that are still pending.(Attach additional sheets as needed).

	DATE(s)	LOCATION CITY, STATE	NATURE OF ACCIDENT (REAR-END, ETC.)	ANY INJURIES OR FATALITIES?
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____
- B. Has your license, permit or privilege ever been suspended or revoked? Yes _____ No _____
If yes why? _____
- C. Please provide a copy of your **Driver's license** and a **DMV** records check taken within the last 30 days.

Please list any traffic convictions or forfeitures for the past three years. Please list any tickets that are still pending (Other than parking violations).

LOCATION	DATE	CHARGE	PENALTY

Previous Three Years Residency

STREET	CITY	STATE & ZIP	# YEARS

**** CDL Driver only** Previous Employment for the last (10) years. *Non CDL* go to next page**

Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode,
subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode,
subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode,
subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode,
subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

***Non CDL* Previous Employment for the last (3) years**

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. I understand that this employer does not unlawfully discriminate in employment and no question is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. If I am hired, I understand that I am free to resign at any time with or without cause and with or without prior notice, except required by law. This application does not constitute an agreement or contract for employment for any specified period or duration. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 in this regard.

Signature: _____ Date: ____/____/____

Battle's Transportation, Inc.
3000 V Street, NE Washington, DC 20018

Name: _____

Date of Application: _____

Please check the appropriate boxes:

Have you ever possessed the following clearances?		
Department of Defense	YES	NO
Other Clearances/Access Badges:		
_____ Capitol Police		
_____ WHMO including WHCA		
_____ Department of Homeland Security		
_____ CAC Card		
_____ Other (please specify) _____		

Have you ever had a federal Bureau of Investigation background check? YES NO

Have you ever been fingerprinted to obtain a clearance? YES NO

Signature: _____ Date: _____

Battle's Transportation, Inc.
3000 V Street, NE
Washington, DC 20018

FMSCA part 40.25(j) requires all motor carriers to ask the following of all new applicants

1. Have you tested positive for a controlled substance? (yes or no)
2. Have you ever tested greater than 0.04 for breath alcohol test? (yes or no)
3. Have you ever refused any required testing? (yes or no)
4. If yes to any of the above, have you completed a substance abuse program? (yes
5. If yes to any of the above, please explain:

Signature

Date

Print name here