

# Daybreak Express, Inc.

500 Avenue P  
Newark, New Jersey 07105  
Ph: 973-589-5931 Fax: 888-354-8838

## APPLICATION FOR EMPLOYMENT/CONTRACT

### PERSONAL INFORMATION

(Answer ALL questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified persons 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) Desired:  Company Driver  Owner/Operator Type Work:  Local  NE Regional  OTR

Name \_\_\_\_\_ Social Security No \_\_\_\_ - \_\_\_\_ - \_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

Do you have the legal right to work in the United States?  Yes  No

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age?  Yes  No  
(Required for truck Drivers)

Have you worked for this company before?  Yes  No

Dates: From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

**JOB DESCRIPTION INFORMATION**

**CAN YOU DO THE FOLLOWING?**

- Yes \_\_\_ No \_\_\_ Can you read, write, and speak the English language?
- Yes \_\_\_ No \_\_\_ Climb in and out of a conventional and cabover tractor?
- Yes \_\_\_ No \_\_\_ Climb in and out of a trailer?
- Yes \_\_\_ No \_\_\_ Get under unit to perform duties such as checking brakes and visual inspection of equipment?
- Yes \_\_\_ No \_\_\_ Raise and lower the hood of a conventional tractor?
- Yes \_\_\_ No \_\_\_ Raise and lower trailer dollies when under load?
- Yes \_\_\_ No \_\_\_ Apply enough pressure to release fifth wheel pin?
- Yes \_\_\_ No \_\_\_ Apply enough force to open and close trailer doors?
- Yes \_\_\_ No \_\_\_ Apply enough force to trailer tandem lever to release locking pins when sliding tandems?
- Yes \_\_\_ No \_\_\_ Repeatedly lift and carry cargo weighing up to 75 pounds per item?
- Yes \_\_\_ No \_\_\_ Sit stationary in a driver's seat for long periods?
- Yes \_\_\_ No \_\_\_ Be on duty the maximum hours allowed by D.O.T. hours of service regulations?

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the above job description)?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## EMPLOYMENT HISTORY

All persons seeking driving positions with this company must provide a complete history of their employment (and unemployment) during the past ten years. Start with the most recent employer and work backwards. Leave **NO GAPS** and show all periods of unemployment. Provide additional sheets as necessary.

LATEST EMPLOYER	Office Use Only	REF.	D.A.	DATES	
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO          YR	To MO          YR
Address				Position Held	Phone
City                  State                  Zip				In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Driven <input type="checkbox"/> Tractor/Semi <input type="checkbox"/> Straight Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Flat Bed <input type="checkbox"/> Containers <input type="checkbox"/> Other				Reason for Leaving	

NEXT LATEST EMPLOYER	Office Use Only	REF.	D.A.	DATES	
Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From MO          YR	To MO          YR
Address				Position Held	Phone
City                  State                  Zip				In this job, were you subject to:	*FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Drug & Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*FMCSR – Federal Motor Carrier Safety Regulations