



**Southeast Pet**  
100% Employee Owned

## DRIVER'S APPLICATION FOR EMPLOYMENT

(Revised January 2022)

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Seaco National DBA  
Southeast Pet:

Austell GA Location  
7775 The Bluffs SW  
Austell, GA 30168

Lakeland FL Location  
2560 Old Combee Rd.  
Lakeland, FL 33805

*Southeast Pet is an equal opportunity employer. It is our policy to consider all individuals for employment without regard to sex, religion, race, age, national origin or disability.*

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, 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 personal 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- \* Review information provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE (answer all questions - please print)**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SSN \_\_\_\_\_ List your addresses for the past 3 years.

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years at Address? \_\_\_\_\_

*Previous Addresses (if applicable)*

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ How Long? \_\_\_\_\_

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

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

Have you worked for this company before?  Yes  No Where?

\_\_\_\_\_ 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? \_\_\_\_\_

Have you ever been bonded?  Yes  No

Name of bonding company \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate sheet of paper.  
(Conviction of a crime is not an automatic bar to employment)



## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semitrailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC.) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed): If none, write none.**

Date of Accident	Nature of Accidents (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured
Straight Truck				
Tractor & Semitrailer				
Tractor & two trailers				
Tractor & triple trailers				

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations): If none, write none.**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three (3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

**APPLICANT STATEMENT**

I understand that this is an application for employment and that no employment is being offered at this time. I agree that if hired, I will follow all Southeast Pet policies, rules, procedures and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired, I will be employed at the will of Southeast Pet and my employment can be terminated at any time, with or without notice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Click Button to Submit Form when Completed**