



APPLICATION FOR EMPLOYMENT

(To submit the application, print or save and email to hr@hermesworldwide.com)

Hermes Worldwide is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other status protected by law.

APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Alternate Name: _____
(Complete if used a different name while attending school or with previous employers)

Address: _____
(Street) (City) (State) (Zip) (How Long?)

Phone: _____ Email: _____

Previous addresses: (If at the above address for less than three years)

Address: _____
(Street) (City) (State) (Zip) (How Long?)

Address: _____
(Street) (City) (State) (Zip) (How Long?)

(Additional area at the end of this application if necessary)

| | | |
|--|---|--|
| If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any offer of employment is conditioned upon completing form W-9 and providing the appropriate documents for identity and work authorization. |
| Position Desired: | Wage/Salary Desired: | <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? |
| Date you can begin work? | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will you authorize and submit to random Drug Screenings? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|---|---|---|---|--------|
| Name of high school attended: | City & State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of college or technical school: | City & State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No | Major: |
| Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give name and address of school and expected degree date: | | | |
| List any job-related skills or accomplishments, including military service: | | | | |



YOUR AVAILABILITY FOR WORK

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--|---------|-----------|----------|--------|----------|--------|
| From: | | | | | | | |
| To: | | | | | | | |
| Total hours per week you are available to work: | Do you have any special requests or needs for a work schedule? | | | | | | |

REFERENCES

- Give three references that are not former employers who we may contact -

| Name and Occupation | How do you know them, and for how long? | Phone Number |
|---------------------|---|--------------|
| | | |
| | | |
| | | |

EMPLOYMENT RECORD

(Additional area at the end of this application if necessary)

You are required to give all employment information for at least three years.
If you are applying for a position that requires a CDL you will need to list all employment where you operated vehicles requiring a CDL for the past **ten** years.

Last Employer Name: _____

Address: _____

Position held: _____ Dates: _____ (from) _____ (to)

Supervisor: _____ Phone#: _____

Reasons for leaving: _____

Applicable for driving position only

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes No

Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes No



Employer Name: _____

Address: _____

Position held: _____ Dates: _____ (from) _____ (to)

Supervisor: _____ Phone#: _____

Reasons for leaving: _____

Applicable for driving position only

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes No

Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes No

Employer Name: _____

Address: _____

Position held: _____ Dates: _____ (from) _____ (to)

Supervisor: _____ Phone#: _____

Reasons for leaving: _____

Applicable for driving position only

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes No

Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes No

DRIVER APPLICANT ONLY

(Only complete following sections if applying for a driving position)

Date of Birth: _____ Social Security Number: _____ - _____ - _____

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 resend 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: _____

Experience and Qualifications – Driver

| | State | License No. | Type and Endorsements | Expiration Date |
|-----------------|-------|-------------|-----------------------|-----------------|
| Driver Licenses | | | | |
| | | | | |
| | | | | |



Driving Experience

| Class of equipment: | Type of equipment (Van, Tank, Flatbed, Size, etc.) | Dates | | Approximate # of Miles (total) |
|-------------------------|---|--------|------|-----------------------------------|
| | | (From) | (To) | |
| Bus/Coach | | | | |
| Straight truck | | | | |
| Tractor and semitrailer | | | | |
| Tractor-Two trailers | | | | |
| Other | | | | |

Accident Record History

(List accident record for past five (5) years)

| Date | Nature of accident | Fatalities | Injuries |
|------|--------------------|------------|----------|
| | | | |
| | | | |
| | | | |

(Additional area at the end of this application if necessary)

Traffic Convictions and Forfeitures

(List traffic convictions and forfeitures record for past five (5) years)

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
| | | | |
| | | | |
| | | | |

(Additional area at the end of this application if necessary)

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, revoked or denied? Yes No

If the answer to either A or B is yes, explain: *(Additional area at the end of this application if necessary)* _____

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, drug screening and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with **Hermes Worldwide, Inc.**, any employment relationship with **Hermes Worldwide, Inc.** is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

By signing below, I certify that I have read, understand, and agree to the above statements in this application, and the application was completed by me. I also certify that all entries and information are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Signature: _____ Date: _____



ADDITIONAL INFORMATION

(To submit the application, print or save and email to hr@hermesworldwide.com)