



Anchor Sign, Inc.
Driver's Application for Employment

Please Note: Only Complete This Form If Applying For A Position As A Driver, Sign Installer, Or Field Services Coordinator.

Today's Date: _____ **Social Security Number:** _____

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

Present Address: _____
 (Street Address) (City) (State) (ZIP Code)

Date Of Birth: _____ *Required For All Commercial Drivers*

Residence(s) For The Past 3 Years:

Please List The Address(es) You Have Lived At Within The Past 3 Years

Previous Address: _____
 (Street Address) (City) (State) (ZIP Code)

Previous Address: _____
 (Street Address) (City) (State) (ZIP Code)

Previous Address: _____
 (Street Address) (City) (State) (ZIP Code)

Experience And Qualifications – Driver:

List The States And License Numbers Of All Driver's Licenses Held For The Past 3 Years

State:	License Number:	Type (I.e. CDL):	Expiration Date:

Accident Record For The Past 10 Years:

Provide Information On Any Accidents You Have Been Involved In The Past 10 Years, If None Write "None"

Date:	Nature Of Accident: (I.e. Rear End, Head-On, Etc.)	Fatalities:	Injuries:

Traffic Convictions For The Past 10 Years:

Provide Information On Any Traffic Convictions (Other Than Parking Violations You Have Received In The Past 10 Years, If None Write "None"

Date:	Nature Of Accident: (I.e. Rear End, Head-On, Etc.)	Fatalities:	Injuries:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any driver's license, permit, or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to either of the above questions provide the relevant details.	
Anchor Sign, Inc. requires all Drivers who operate Commercial Motor Vehicles (CMV) to undergo controlled substances testing and receive a negative result prior to driving. Do you consent to such testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driving Experience:				
Provide Information On Any Previous Driving Experience You Have, If None Write "None"				
Class of Equipment:	Type of Equipment: (I.e. Van, Truck, Etc)	Dates:		Approximate Number Of Miles (Total):
		From:	To:	
List States Operated In Over The Last Five Years:				
List Any Courses Taken That Would Help You As A Driver:				

Background Check / Motor Vehicle Record Check Authorization:
<p>In connection with your employment or application for employment consumer reports may be requested from USIS Commercial Services (USIS). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records etc. from Federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.</p> <p>Release: I authorize Anchor Sign, Inc. and USIS and any party or agency connected with USIS to furnish the above-mentioned information. By signing below I certify that I have read and fully understand this release, that prior to signing I was given the opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment and my eligibility for promotion.</p> <p>Signature: _____ Date: _____</p>
Applicant Authorization:
<p><i>TO BE READ AND SIGNED BY THE APPLICANT:</i></p> <p>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 Anchor Sign, Inc. 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 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 discharge. I understand, also, that I am required to abide by all rules and regulations established by Anchor Sign, Inc.</p> <p>Signature: _____ Date: _____</p>

