

## Company Vehicle Driver Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Where will the vehicle be parked? \_\_\_\_\_  
City State ZIP Code

**Please list address if different from above:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Location Applied for: \_\_\_\_\_

Do you have a clean driving record? YES  NO  Have you ever been convicted of a felony? YES  NO

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

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I understand that applying for this position is not a guarantee that I will be offered the job as a driver for Northeast Safety, Inc.* **Applicant Initials** \_\_\_\_\_

*I understand that I must be employed with Northeast Safety, Inc. for at least 6 months before I can be considered for this position.* **Applicant Initials** \_\_\_\_\_

*I agree to abide by all policies and procedures including the Code of Conduct set forth by Northeast Safety, Inc. and failure to do so will result in an immediate disqualification for this position.* **Applicant Initials**\_\_\_\_\_

*I voluntarily give Northeast Safety, Inc. the right to make a thorough investigation of my driving record and personal history that is job related, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information. I consent to taking any post-offer physical examination, medical or drug tests that might be required by Northeast Safety, Inc `in order to determine my ability to perform job duties. I authorize the release of the results of such exams or tests to Staff 207.*

*I understand that if I accept employment at Northeast Safety, Inc may terminate employment at any time and may be terminated at any time, with or without cause, and that I have no express or implied contract for continued employment.*

*I certify that the above information and information on my resume is true and accurate to the best of my knowledge understand that if I misrepresent or leave out a fact on my application or resume, I may be refused employment or if employed, I may be terminated immediately.*

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date