



Partners In Excellence

Butler Transport, Inc.

Driver Recruiting

347 North James Street

Kansas City, KS 66118-1140

Toll Free: 800-KC-TRUCK

(800-528-7825)

Fax: 913-321-2367

e-mail: recruiting@butlertransport.com

Application For Employment

The purpose of this application is to determine whether the applicant is qualified to operate a Commercial Motor Vehicle according to the requirements of the Federal Motor Carrier Safety Regulations and/or Butler Transport, Inc. company policy. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation in the application and/or interview process should notify a company representative. All applicants must meet the Department of Transportation and Butler Transport, Inc. physical qualification requirements, and be able to perform essential job functions. Butler Transport, Inc.'s hiring criteria and application process may be changed at any time, at its discretion, without prior notice. All information supplied by applicant will be treated confidentially. Print clearly as incomplete or illegible applications may not be processed.

Applying For: Company Driver: Solo Team (with) _____
 Independent Contractor (IC): Solo Team (with) _____
 Lease Driver / Driver of IC: Solo Team (with) _____

Are you currently employed? Yes No Date Available For Orientation: ____/____/20__

Have you ever, applied for work at, or worked for Butler? Yes No If Yes, when ____/____/____

Name: Last _____ First _____ Middle _____

Current Street Address _____ How Long? _____ (months)

City _____ State _____ ZIP _____

List All Previous Addresses, If Less Than Three Years (36 months) At Current Address 1. _____ How Long? _____ (months)

2. _____ How Long? _____ (months)

3. _____ How Long? _____ (months)

Phone (_____) _____ Mobile (_____) _____ Pager (_____) _____

E-Mail Address _____

Date Of Birth ____/____/19____ Birth Name, If Different From Name Given Above _____

Social Security No. _____ - _____ - _____ Marital Status? Married Single Divorced

Spouse (if applicable) _____ Phone (_____) _____ # Of Dependents _____

Are you authorized to work in the United States of America? YES NO

Commercial Driver's License No. _____ State _____ Expiration Date ____/____/20__

Class A? Yes No Endorsements (list) _____

List All Previous Driver's Licenses Held In The Past Three Years 1. License # _____ State _____ Surrendered? YES NO

2. License # _____ State _____ Surrendered? YES NO

3. License # _____ State _____ Surrendered? YES NO

Employment History

Beginning with your most recent employer please give a complete record of ALL employment for the past THREE (3) years, including any unemployed, self-employed or military service periods (do not leave any gaps). Additionally, please list all employers where you have driven commercially over the past TEN (10) years. Attach additional sheet if more space is required.

Current or Last Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

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Name:	From:
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