
DRIVER APPLICATION

To all prospective driver-employees:

If you wish to drive for Atlantic Bulk Carrier Corp. you must meet the following minimum qualifications:

- Be at least 21 years of age
- Have a current, valid commercial driver's license
- Have a good driving record (no more than 3 moving violations in 3 years)
- Be a United States citizen or be qualified to work in the U.S.
- Successfully pass or possess a current DOT physical examination
- Successfully pass a pre-employment drug screen
- Complete an application for employment that includes verifiable employment history for the past 10 years
- Present yourself professionally

If you meet the requirements above, we will review and consider your application for employment. Include a copy of your CDL, driving record, physical card and copy of driving school grades and certificate, if applicable, with completed application.

Please sign and date below to indicate you understand and agree to the above requirements.

Signed: _____

Date: _____

Pre-employment qualification form

Date: _____

Name: _____

Cell phone: _____

Email: _____

Home phone: _____

Address: _____

Street

City

State

Zip

If you have lived at this address for less than 3 years, please list previous addresses below:

Address 2: _____

Street

City

State

Zip

Address 3: _____

Street

City

State

Zip

Address 4: _____

Street

City

State

Zip

Do you own or rent? _____ Landlord or mortgage holder: _____

CDL number _____ State of issue: _____

Emergency contact: _____ Phone: _____

Address: _____

Street

City

State

Zip

Highest grade completed:

Elementary Middle High School College Trade

Last school attended: _____

Name

Address

City

State

Expiration date of current DOT physical: _____

Have you been convicted of a felony in the last 10 years? Y N

If so, please explain fully on **page 6** of this application.

Conviction will not necessarily exclude you from employment, but the type and date of conviction will be considered for job placement.



Has your privilege to operate a motor vehicle ever been suspended/disqualified or denied? Y N

If so, please explain fully on **page 6** of this application

List the type of equipment driven: _____

Do you have any special training that will help you as a driver?

List all moving violations during the past 3 years, including dates and nature of violation:

Date: _____ Violation: _____

Date: _____ Violation: _____

Date: _____ Violation: _____

List all accidents during the past 3 years, including dates and nature of accident:

Date: _____ Accident Description: _____

Date: _____ Accident Description: _____

Date: _____ Accident Description: _____

List 2 personal references:

1. _____
Name Phone

2. _____
Name Phone

Employment history for past 10 years:

Current employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

Past employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Employment dates: _____

Equipment driven: _____ Salary: _____

Reason for leaving: _____

If you need additional space for a complete 10-year work history, please check the box below and we will follow-up with you.

I need additional space for my work history.



If you answered YES to the following:

“Have you been convicted of a felony in the last 10 years?”

Please write full explanation below:

Felony explanation:

If you answered YES to the following:

“Has your privilege to operate a motor vehicle ever been suspended/disqualified or denied?”

Please write full explanation below:

Suspension/disqualification explanation:

Applicant must read and sign

We are an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin and, to the extent provided by law, age, marital status, pregnancy, medical condition or disability. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand and agree that any omission or misrepresentation of fact in this application may be grounds for refusal of or termination from employment; this is irrespective of whether such omission or misrepresentation is discovered by the company prior to or during the course of my employment.

In the event that I am employed, I understand that I must comply with all company policies and rules. I further understand that my employment with this company is for an unspecified term and may be terminated at the will of either the company or myself, with or without cause and with or without notice. No words or actions of the company will be deemed to create an express or implied contract of employment or require that the company have good cause for terminating my employment. No company representative is empowered or authorized to modify this at-will relationship.

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process in accordance with the Immigration Reform and Control Act of 1986 which requires that I provide satisfactory evidence of my identity and legal right to work in the United States.

I understand that any offer of employment is conditional upon successful completion of a DOT drug screen and physical.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with this company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company may not consider me for employment after this application expires.

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.

Release Agreement


I authorize you and/or your agents in this release to make such investigations and inquiries of my personal employment, financial and other related matters as may be necessary for the determination of the initial decision to offer me employment as well as any subsequent employment decision. I also authorized the companies, government agencies, schools or persons named in my application to give any information regarding my employment, together with any other information they may have regarding me whether or not it is in their records. I hereby release said companies, government agencies, schools or persons as well as you and/or your agents from all liability for any damages for issuing or requesting or investigating this matter. I further agree that failure to reveal any prior employment I have had within the past 10 years or the giving of any false or misleading information may result in termination of my employment, irrespective of when such false or misleading information might be discovered by the company.

Signed: _____

Date: _____

UPON COMPLETION OF THIS APPLICATION:

Please choose from the following options to submit your application:

1. Upload completed form to our website 
2. Email completed form to: jwbest@AtlanticBulk.com
3. FAX completed form to: (804) 966-5888
4. Print completed form and mail to:
Atlantic Bulk Carrier
P.O. Box 112
Providence Forge, VA 23140

THANK YOU!
