MIKE CLARK TRUCKING

Employment application

CDL-A Company Driver

Fill in this PDF and save it, or print and complete it by hand. Return it to Office@mikeclarktrucking.com, or attach it to the online application with your contact details. Required contact fields are marked *.

01 / CONTACT

First name *

Last name *

Email *

Phone *

City / State

MIKE CLARK TRUCKING

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02 / ROLE & EXPERIENCE

Years of experience

License class *

Endorsements

Current DOT medical card

03 / EXPERIENCE & AVAILABILITY

Relevant work, equipment experience and when you can start

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04 / CERTIFICATION & CONSENT

I certify that the information provided in this application is true and complete. I understand that any false statements, omissions, or misrepresentations may result in disqualification from employment or termination if discovered after hiring.

I understand employment may be contingent upon background checks, motor vehicle record checks (if CDL-related), and drug/alcohol screening. I consent to these checks as a condition of employment.

☐ I certify the above and consent to the checks described.

Applicant signature / typed name

Date

EQUAL EMPLOYMENT OPPORTUNITY

Mike Clark Trucking is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected category under applicable state and federal law. Employment with Mike Clark Trucking is at-will and may be terminated by either party at any time, with or without cause or notice.

Saving this PDF does not submit an application. Return the completed copy using the instructions on page 1.