

## Class A CDL Truck Driver Job Description

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

A Class A truck driver operates a combination of vehicles, typically a tractor-trailer, with a gross vehicle weight rating (GVWR) exceeding 26,001 pounds, requiring a Class A Commercial Driver's License (CDL), primarily responsible for local hauling of road material, must be able to haul a belly dump, verifying load accuracy, navigating routes, delivering shipments on time, and adhering to all DOT regulations while maintaining proper vehicle maintenance and safety standards.

Key responsibilities of a Class A truck driver:

**Driving and operating a tractor-trailer:** Safely maneuvering the truck on highways and various road conditions, following traffic laws.

**Cargo handling:**

Loading and unloading cargo, securing it properly within the trailer, and verifying load accuracy.

**Vehicle maintenance:**

Performing basic truck inspections before each trip, reporting any mechanical issues, and conducting routine maintenance checks.

**Documentation and logging:**

Maintaining accurate logs of driving hours, fuel usage, and other relevant information as per DOT regulations.

**Compliance with DOT regulations:**

Adhering to all Department of Transportation safety standards regarding hours of service, weight limits, and vehicle inspections.

Required qualifications for a Class A truck driver:

- Valid Class A Commercial Driver's License (CDL)
- Clean driving record
- Strong geographical knowledge and map reading skills

Employees will be subject to drug and alcohol testing at the time of hiring and random testing throughout the time of employment.

Apply at the

Seminole County District 3 Barn

12845 NS 3650 Wewoka, OK 74884

## EMPLOYMENT APPLICATION

**Date:** \_\_\_\_\_ **Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ SSN. # \_\_\_\_\_ Telephone # \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which List any relative working for this County:

You would consider

\_\_\_ Full Time

\_\_\_ Part Time

Name

Department

\_\_\_ Temporary

If Minor, Age \_\_\_\_\_

Can you after employment submit a birth certificate or other proof of U. S. citizenship? \_\_\_yes \_\_\_No

If not a U. S. Citizen, can you after employment submit verification of your legal right to work permanently in the U. S.? \_\_\_\_\_Yes \_\_\_\_\_No

Were you previously employed by this County? \_\_\_yes \_\_\_\_\_No

Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? \_\_\_Yes \_\_\_No If Yes Explain: \_\_\_\_\_  
(Conviction will not necessarily Disqualify an applicant.)

Do you have the ability to perform the job related functions of the job applied for \_\_\_yes \_\_\_No?

If the answer to the above question is no, please describe what accommodations would enable you to perform the job related functions of the job applied for. \_\_\_\_\_

### -----EDUCATION & TRAINING-----

High School Address Graduated \_\_\_Yes \_\_\_No

College or University Address Major Degree/Year

Trade School Address Subjects Completed  
\_\_\_Yes \_\_\_No

**EEO/ADA Statement:** This County does not discriminate on the basis of religion, sex, age, national origin, and political affiliation, mental or physical disability in its hiring or employment practices.

List any other education, training, special skills, or certificates/licenses that you possess related to this job. \_\_\_\_\_

List any machines or equipment that you are qualified and experienced at operating: \_\_\_\_\_

#### REFERENCES

List business persons known; but not related, to you for at least three years:

Name	Title	Business	Phone	Years Known
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### Experiences

List the last 5 years' work experience beginning with most recent

**Name of Employer**

**Type of Business**

Address	City	State	Zip Code	Phone ( ) -
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Dates Employed	Starting Title	Last Title
From: To:		

Name and Title Of Supervisor:	May we Contact? ____ Yes ____ No	Was Employment ____ Full Time ____ Part Time	Reason for leaving?
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Brief Description of Duties: \_\_\_\_\_

**Name of Employer**

**Type of Business**

Address	City	State	Zip Code	Phone ( ) -
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Dates Employed	Starting Title	Last Title
From: To:		

Name and Title Of Supervisor:	May we Contact: ____ yes ____ No	Was Employment ____ Full Time ____ Part Time	Reason for Leaving
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Brief Description of Duties: \_\_\_\_\_

**Name of Employer**

**Type of Business**

Address	City	State	Zip Code	Phone ( ) -
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Dates Employed	Starting Title	Last Title
From To		

Name and Title	May we Contact?	Was Employment	Reason for Leaving
Of supervisor:	<input type="checkbox"/> Yes	<input type="checkbox"/> Full Time	
	<input type="checkbox"/> No	<input type="checkbox"/> Part Time	

Brief Description of Duties: \_\_\_\_\_

<p><b>Drivers</b></p> <p>Do you have a valid driver's License in this state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, License No.: _____</p> <p>_____</p> <p>List license type: _____</p> <p>_____</p> <p>List any moving violation during the last five years on back of page _____</p>	<p><b>Position Applying For</b></p> <p><input type="checkbox"/> Laborer</p> <p><input type="checkbox"/> Truck driver</p> <p><input type="checkbox"/> Mechanic</p> <p><input type="checkbox"/> Equipment Operator</p> <p><input type="checkbox"/> Commercial Building Location Specialist</p> <p>_____ other (be Specific) _____</p>
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#### APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistant.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation or salary, wages, or employment related benefits (not required by law).

Date \_\_\_\_\_ Signature \_\_\_\_\_

The filling out and returning of this application to the county does not guarantee employment and does not constitute an offer of employment.