

# DRIVER APPLICATION FOR EMPLOYMENT

\$391.21

Office Use Only:

Start Date

NAME OF CARRIER

ADDRESS

STREET

CITY

STATE

ZIP

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

## PERSONAL DESCRIPTION

FULL NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

LAST

FIRST

MIDDLE INITIAL

PHONE NO. ( )

AREA

CURRENT ADDRESS

STREET

CITY

STATE

ZIP

LAST 3 YEARS

STREET

CITY

STATE

ZIP

STREET

CITY

STATE

ZIP

STREET

CITY

STATE

ZIP

IN CASE OF EMERGENCY NOTIFY

AT PHONE NO. ( )

AREA

POSITION APPLYING FOR

PAY RATE EXPECTED

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO

YES

IF YES FROM

MONTH / YEAR

TO

MONTH / YEAR

ARE YOU EMPLOYED? WHEN WILL YOU BE AVAILABLE?

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO

YES

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION?

NO

YES

## DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER

STATE

EXPIRATION

LICENSE TYPE (I.E. CDL CLASS A)

CDL ENDORSEMENTS

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?

NO

YES

IF YES, EXPLAIN REASON

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO

YES

IF YES, EXPLAIN REASON

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE

Applicant's Signature

## EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE 1 2 3 4

OTHER TRAINING

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO

YES

## DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

## ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

## TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)



## EMPLOYMENT HISTORY

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

### LAST EMPLOYER:

NAME \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
AREA \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

### 2ND LAST EMPLOYER:

NAME \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
AREA \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

### 3RD LAST EMPLOYER:

NAME \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
AREA \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

## NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? \_\_\_\_\_

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS \_\_\_\_\_

## APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## OFFICE USE ONLY

APPLICATION RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF HIRE