

DRIVER APPLICATION FOR EMPLOYMENT

NAME OF CARRIER _____
 ADDRESS _____

For Office Use Only: Start Date: / /

STREET CITY, STATE ZIP CODE

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 _____ / _____ / _____ PHONE NO. _____ (_____)

CURRENT ADDRESS _____
 STREET CITY STATE ZIP CODE

LAST 3 YEARS _____
 STREET CITY STATE ZIP CODE

_____ STREET CITY STATE ZIP CODE

_____ STREET CITY STATE ZIP CODE

IN CASE OF EMERGENCY NOTIFY _____ AT PHONE NO. _____ (_____)

POSITION APPLYING FOR _____ PAY RATE EXPECTED _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO _____ YES _____ IF YES FROM _____ TO _____
 MONTH/YEAR 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 THAT 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		
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

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 US. 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 Code

ADDRESS _____
STREET CITY STATE ZIP CODE

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 () _____

ADDRESS _____
STREET CITY STATE ZIP CODE

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 Code

ADDRESS _____
STREET CITY STATE ZIP CODE

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

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 ACCOMODATION, 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