



Driver's Employment Application

EQUAL OPPORTUNITY

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICANT INFORMATION

Position Applied for

Last Name		First		Middle	
Current Street Address				Apartment/Unit #	
City		State		ZIP	# Years
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Previous Three Years Residency¹					
Street		City		State & Zip	# Years
Street		City		State & Zip	# Years
Street		City		State & Zip	# Years
Are you a citizen of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for this company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?	
Do you have a valid driver's license?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree

¹ Attach sheet if more space is needed

EMPLOYMENT HISTORY

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Note: List employers in reverse order starting with the most recent. Add additional sheets as necessary.

Company		Phone ()		
Address		Supervisor		
Position Held	Starting Salary \$	Ending Salary \$		
Responsibilities				
From	To	Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Company		Phone ()		
Address		Supervisor		
Position Held	Starting Salary \$	Ending Salary \$		
Responsibilities				
From	To	Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary \$	Ending Salary \$		
Responsibilities				
From	To	Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?				Yes <input type="checkbox"/> No <input type="checkbox"/>

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE²

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	HAZARDOUS MATERIAL SPILL
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

² Attach sheet if more space is needed. If none, write "None".

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) ²			
LOCATION	DATE	CHARGE	PENALTY

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

EXPERIENCE & QUALIFICATIONS

Other licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked Yes No

IF THE ANSWER TO EITHER A. OR B. IS YES, PROVIDE DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT (check yes or no)	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
Straight Truck	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor & Semi-Trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Motorcoach – School Bus	Yes <input type="checkbox"/> No <input type="checkbox"/>	—		
Other (list)				

List states operated in for last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

REFERENCES	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

TO BE READ AND SIGNED BY APPLICANT	
<p>I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision (generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.</p> <p>I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:</p> <ul style="list-style-type: none"> • Review the information provided by previous employers; • Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and, • Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. <p>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.</p>	
Signature	Date