



## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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.

### TO BE READ AND SIGNED BY APPLICANT

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.

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. 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:

Review 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.

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

### For Company Use

#### PROCESS RECORD

Applicant Hired: \_\_\_\_\_ Rejected: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Department: \_\_\_\_\_

Signature of Interviewing Officer: \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions - please print)

Position(s) Applied for: \_\_\_\_\_

Expected rate of pay: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_

How Long at current address (year(s)/month(s): \_\_\_\_\_

Previous Address (1): \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address (2): \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address (3): \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this Company before? \_\_\_\_\_ Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Position Previously Held: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Were you referred? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? If yes, please explain:

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

<b>Previous Employer</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____  Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dates of Employment</b> From: ___/___/___ To: ___/___/___ Position: _____ Wage: _____ Reason for Leaving: _____ _____
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<b>Previous Employer</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____  Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dates of Employment</b> From: ___/___/___ To: ___/___/___ Position: _____ Wage: _____ Reason for leaving: _____ _____
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<b>Previous Employer</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____  Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dates of Employment</b> From: ___/___/___ To: ___/___/___ Position: _____ Wage: _____ Reason for leaving: _____ _____
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<b>Previous Employer</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____  Were you subject to the FMCSRs+ while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dates of Employment</b> From: ___/___/___ To: ___/___/___ Position: _____ Wage: _____ Reason for leaving: _____ _____
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• Includes vehicles having a GVWR of lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** For past 3 years of more (Attach sheet if more space is needed) If none, write None.

	Date	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

**TRAFFIC VIOLATIONS** and forfeitures for the past 3 years (other than parking violations). If none, write None.

Location	Date	Charge	Penalty

**EXPERIENCE & QUALIFICATIONS – DRIVER** List all driver licenses or permits within the past 3 years.

State	License No	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_\_  
 B. Has any license, permit, or privilege ever been suspended or revoked? \_\_\_\_\_  
 C. If the answer to either A or B is yes, please provide details:  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Equipment (circle yes or no)	Circle type of equipment	From (Mo/Yr.)	To (Mo/Yr.)	Approx. No. of Miles (Total)
Straight Truck Yes/ No	(Van, Tank, Flat, Dump, Refer)			
Tractor/Semi Yes/ No	(Van, Tank, Flat, Dump, Refer)			
Tractor-2 Trailers Yes/ No	(Van, Tank, Flat, Dump, Refer)			
Tractor-3 Trailers Yes/ No	(Van, Tank, Flat, Dump, Refer)			
8+ Pass School Bus Yes/ No	-----			
15+ Pass School Bus Yes/ No	-----			
Other				

List States operated in for last 5 years: \_\_\_\_\_

Show Special Courses or Training that will help you as a Driver: \_\_\_\_\_

Which, if any, safe driving awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any trucking other experience that may help in your work for this Company: \_\_\_\_\_

List Courses and Training other than shown elsewhere in this application: \_\_\_\_\_

List Special Equipment you can work with (other than those already shown): \_\_\_\_\_

**EDUCATION**

Highest Grade Completed: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

My signature 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_