

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name Date of Application

Company

Address

City State Zip Code

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 inquires 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 that 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 the 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 Point Employed

Department Classification

(If rejected, summary report of reasons should be placed in file.)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated Department Released From

Dismissed Voluntarily Quit Other

Termination Report Placed in File Supervisor

APPLICANT TO COMPLETE

(Answer all questions)

Position(s) Applied For

Last Name First Name Middle Initial SSN

List your addresses of residency for the past 3 years.

Current Address Street City
State Zip Code Phone Number How Long?

Previous Addresses

Street City State Zip How Long?

Street City State Zip How Long?

Street City State Zip How Long?

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

Yes No

Date of Birth

Can you provide proof of age? Yes No

Have you worked for this company before?

Yes No

Where

Date From To Rate of Pay Position

Reason for Leaving

Are you now employed

Yes No

If not, how long since last employment?

Who referred you?

Rate of Pay Expected

Have you ever been bonded?

Yes No

Name of bonding company

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

Yes No

If yes, explain if you wish.

EMPLOYMENT HISTORY

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

Applicants to drive a commercial 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 as necessary.)

EMPLOYER				Date			
Name	<input type="text"/>			From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Position Held	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>		
Salary/Wage	<input type="text"/>			Reason for Leaving	<input type="text"/>		
Contact Person	<input type="text"/>	Phone Number	<input type="text"/>				
Were you subject to the FMCSRs [†] while employed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No							

EMPLOYER				Date			
Name	<input type="text"/>			From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Position Held	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>		
Salary/Wage	<input type="text"/>			Reason for Leaving	<input type="text"/>		
Contact Person	<input type="text"/>	Phone Number	<input type="text"/>				
Were you subject to the FMCSRs [†] while employed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No							

EMPLOYER				Date			
Name	<input type="text"/>			From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>			Position Held	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>		
Salary/Wage	<input type="text"/>			Reason for Leaving	<input type="text"/>		
Contact Person	<input type="text"/>	Phone Number	<input type="text"/>				
Were you subject to the FMCSRs [†] while employed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No							

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 lbs. or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in any quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is needed). If none, write **None**.

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

TRAFFIC CONVICTIONS and forfeitures for past 3 years (other than parking violations). If none, write **None**. (Attach sheet if more space is needed.)

Location	Dates	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - DRIVER (Driver licences or permits held in the past 3 years)

State	License Number	Class	Endorsement(s)	Expiration Dates

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, give details:

DRIVING EXPERIENCE

Class of Equipment	Equipment Types	Date From	Date To	Approx. Total No. of Miles
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Motor coach - School Bus <input type="radio"/> Yes <input type="radio"/> No <small>More than 8 passengers</small>				
Motor coach - School Bus <input type="radio"/> Yes <input type="radio"/> No <small>More than 15 passengers</small>				
Other <input type="text"/>				

List states operated in for the 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?

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or 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 or technical materials you can work with (other than those already shown):

EDUCATION

Select highest grade completed

Last School Attended

Name

City

State

TO BE READ AND SIGNED BY APPLICANT

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.

Signature

Date