



Driver's Application for Employment

TO BE READ & 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, inquires 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 information I provide regarding my current and/or previous employers may be used, and the 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 authorize the release and forward the information requested concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from the date of this application to a confidential fax or email address to my prospective employer as required by 49 CFR 40.25(g) and 391.23(h).
- 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 _____

APPLICANT INFORMATION

Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
Date Available	Social Security No.	Desired Salary		
Position Applied for				
Are you authorized to work in the U.S?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Birth: (Required for Commercial Drivers) _____	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

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 projected group status.

PREVIOUS ADDRESS

Please list addresses of residency for the past 3 years.

Address	Dates (Month/Year)	_____/____
Address	Dates (Month/Year)	_____/____
Address	Dates (Month/Year)	_____/____

EDUCATION

High School	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

*Includes vehicles having a BVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including 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 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 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

Accident record for the past 3 years or more (attach sheet if more space is needed). If none, write none.

DATES	NATURE OF ACCIDENT: (Head-on, Rear-end, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last accident: _____				
Next Previous: _____				

TRAFFIC CONVICTIONS

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none

DATE	LOCATION	CHARGE	PENALTY

QUALIFICATIONS-DRIVER

Driver Licenses or permits held within the last 3 years.

STATE	LICENSE NUMBER	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 YES TO EITHER A OR B, GIVE DETAILS:

DRIVING EXPERIENCE

Check Yes or No

CLASS OF EQUIPMENT	CLICK TYPE OF EQUIPMENT	DATES		APPROX. NUMBER OF MILES (TOTAL)
		From (M/Y)	To	
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 (more than 8 passengers): YES <input type="checkbox"/> NO <input type="checkbox"/>				
Motorcoach-School Bus (More than 15 passengers): YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other: _____				

List states operated in for the last 5 years: _____

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

List any safe driving awards that you hold and from whom: _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

List any courses and trainings other than shown elsewhere in this application: _____

List any special equipment or technical materials you can work with (other than those already shown):

**All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, street numbers, city, state, and zip code.
Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.**

PREVIOUS EMPLOYMENT (START WITH MOST RECENT EMPLOYER)

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Point of Contact: _____			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to the FMCSRs while Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Point of Contact: _____			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to the FMCSRs while Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Point of Contact: _____			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to the FMCSRs while Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Is there any reason you might not be able to perform the functions of the job for which you have applied (see job description)? YES NO

If Yes, Explain: _____

DISCLAIMER AND SIGNATURE

This certifies that this application was completed by me, and that all entries on it and the information on it are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date