

Application for Employment

Company _____ Street Address _____

City, State, and Zip Code _____

Name _____
First, Middle, Last

Address _____
Street City ST Zip

Date of Birth ____/____/____ Social Security No. ____-____-____

Address(es) for the past three years

1.	Street _____	City _____	ST _____	Zip _____	How Long? _____
2.	Street _____	City _____	ST _____	Zip _____	How Long? _____
3.	Street _____	City _____	ST _____	Zip _____	How Long? _____

EXPERIENCE & QUALIFICATIONS—DRIVER (Attach sheet if more space is needed)

LICENSE

Driver Licenses	State	License No.	Type	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 every been suspended or revoked? Yes No

If the answer to either A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc.)	Fatalities	Injures

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.

Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Second Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Third Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Fourth Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

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.

Today's Date: _____ Applicant's Signature: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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 _____