

EMPLOYMENT APPLICATION

Position Applying for: _____ Date of Application: _____

Name: _____ Social Security No: _____
Last First MI

Current Address: _____
Street City
 _____ Phone: _____
State Zip Code

Previous Addresses: _____ Dates: From: _____
(3 years) Street City State/Zip Code To: _____
 _____ Dates: From: _____
Street City State/Zip Code To: _____
 _____ Dates: From: _____
Street City State/Zip Code To: _____

Driver's License Information: List all licenses held within the previous 3 years

License number _____ Class _____ State _____ Exp. Date _____

License number _____ Class _____ State _____ Exp. Date _____

License number _____ Class _____ State _____ Exp. Date _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?
 YES NO If yes, give the state of issuance and explanation of the circumstances _____

Driving Experience

Types of Equipment	Dates		Approx. mileage driven
(Truck, Tractor/Trailer, Tank, etc.)	To	From	(Total)

List all traffic violations / convictions for the previous 3 years (write NONE, if none)

Commercial

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Date	Location	Violation	Vehicle	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> No <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> No <input type="checkbox"/>

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:

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City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:

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City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, Zip			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES <input type="checkbox"/> No <input type="checkbox"/>			

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25 (I).

As a prospective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re0send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

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"I certify 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."

Applicant's Signature

Date Signed

References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____