

Driver's Application For Employment

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip Code _____

In compliance with Federal and State equal employment opportunities 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 personal 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 _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Last Name _____ First Name _____ Middle _____ SSN _____

List your addresses for the past 3 years.

Current Addresses
Address _____ City _____ State _____
Zip _____ Phone _____ How Long? _____

Previous Addresses

Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____
Address _____ City _____ State _____ Zip _____ How Long? _____

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ (Required for Commercial Drivers) Can you provide proof of age? Yes No

Have you worked for this company before? Yes No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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 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 as necessary.)

EMPLOYER		DATE	
Name _____	_____	From _____	To: _____
Address _____	_____	_____	_____
City _____ State _____ Zip _____	_____	Position Held _____	_____
Contact Person _____ Phone Number _____	_____	Salary/Wage _____	_____
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	_____	Reason For Leaving _____	_____
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			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the 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 10,0001 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 or more (attach sheet if more space is required). If non, 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 the past 3 years (other than parking violations). If none, write **none**.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is required)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

State	Licence Number	Type	Expiration Date
DRIVER	_____	_____	_____
LICENSES	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever bee suspended or revoked? Yes No

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE check yes or no

Class of Equipment	Equipment Type	From	Dates	To	Approx. No. of Miles (Total)
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

List states operated in for last five years: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

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

List courses and training other than shown elsewhere in the application

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

EDUCATION

Highest Grade Completed _____ Last School Attended & Location (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: _____

SECTION 3**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____
 Company: _____ Street: _____
 _____ City, State, Zip:
 _____ Phone: _____ Section 3 completed by (Signature)
 _____ Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) Fax Mail Email Other _____
 By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____
 Recorded by: _____ Method: Fax Mail Email Phone
 Date: _____ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter