



DRIVER APPLICATION

Date of Application: _____

APPLICANT INFORMATION

Full Name: _____
 Last First M.I

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code How Long?

If less than 3 years at this residence, please list the previous addresses:

Street City State How long?

Street City State How long?

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

LICENSE INFORMATION

Section 383.21 FMCSR States "No person who operates a commercial motor vehicle shall at any time have more than one commercial driver's license.". I certify that I do not have more than one vehicle license, the information is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC.)	DATES		APROX # OF MILES TOTAL
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC)	NUMBER OF FATALTIES	NUMBER OF INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

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

DATES (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY
			(FORFEITED BOND, COLLATERAL AND OR/POINTS)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
 If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? YES NO

Have you ever been convicted of a crime? No Yes – explain _____

Available Start Date: _____

Desired Salary: _____

REFERENCES

Please list 2 References other than relatives or previous employers.

Name: _____
Relationship: _____
Company: _____
Address _____

Phone _____

Name: _____
Relationship: _____
Company: _____
Address _____

Phone _____

EMPLOYMENT HISTORY

Name of Employer:	Supervisor Name	Employment Dates		Pay or Salary
Address:		From	To	Start: _____
Phone:		Your Last Job Title:		
List the jobs you held, duties performed, skills, advancements, or promotions while you worked at this company.				
Reason for Leaving:				

Were you subject to Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Name of Employer:	Supervisor Name	Employment Dates		Pay or Salary
Address:		From	<u>To</u>	Start: _____
Phone:		Your Last Job Title:		
List the jobs you held, duties performed, skills, advancements or promotions while you worked at this company.				
Reason for Leaving:				

Were you subject to Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Name of Employer:	Supervisor Name	Employment Dates		Pay or Salary
Address:		From	To	Start: _____ End: _____
Phone:	Your Last Job Title:			
List the jobs you held, duties performed, skills, advancements or promotions while you worked at this company.				
Reason for Leaving:				

Were you subject to Federal Motor Carrier Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason.

May we contact the employers listed - _____

ACKNOWLEDGMENT

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 employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 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: _____

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: _____