



# Driver Application for Employment

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 protected group status.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street

City State Zip Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

How Long have you lived at this address? \_\_\_\_\_

List your addresses of residency for the past 3 years:

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Month/Yr

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Month/Yr

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Do you have the legal right to work in the United States? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Can you travel into/out of Canada? \_\_\_\_\_ Do you have a valid passport? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

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.

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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 employment code)? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_

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# 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.)

PREVIOUS EMPLOYER	
NAME _____	Employed From: _____ To: _____ Mo. Year Mo. Year
ADDRESS _____	Position Held: _____
CITY _____ STATE _____ ZIP _____	Salary/ Wage: _____
CONTACT PERSON _____ PHONE NO. _____	Reason for leaving: _____
Were you subject to the FMCSR while employed? Yes No	_____
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 No	

PREVIOUS EMPLOYER	
NAME _____	Employed From: _____ To: _____ Mo. Year Mo. Year
ADDRESS _____	Position Held: _____
CITY _____ STATE _____ ZIP _____	Salary/ Wage: _____
CONTACT PERSON _____ PHONE NO. _____	Reason for leaving: _____
Were you subject to the FMCSR while employed? Yes No	_____
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 No	

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CITY _____ STATE _____ ZIP _____	Salary/ Wage _____
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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 No	

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACHED SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS—DRIVER**

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

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 ever been suspended or revoked?      Yes      No

If the answer to either A or B is yes, give details \_\_\_\_\_

**DRIVING EXPERIENCE**

TYPE OF VEHICLE DRIVEN	FROM: (Mo/Yr)	To: (Mo/Yr)	APPROXIMATE MILES DRIVEN

**EXPERIENCE AND QUALIFICATIONS - OTHER**

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_

**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

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 49CFR 391.23 (D) AND (E). I UNDERSTAND 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 PREVIOUS EMPLOYERS; 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 \_\_\_\_\_

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**FOR COMPANY USE**

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**PROCESS RECORD**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Roster Selection \_\_\_\_\_

Signature of Interviewing Officer: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Reason \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_