



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: _____

How Long have you lived at this address? _____ Cell Phone Number: _____

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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Street City State & Zip Month/Yr

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

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? _____

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.

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. _____

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 _____ | Reason for leaving: _____ |
| CONTACT PERSON _____ PHONE NO. _____ | _____ |
| 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 _____ | Reason for leaving: _____ |
| CONTACT PERSON _____ PHONE NO. _____ | _____ |
| 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 _____ | Reason for leaving: _____ |
| CONTACT PERSON _____ PHONE NO. _____ | _____ |
| 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 _____ | Reason for leaving: _____ |
| CONTACT PERSON _____ PHONE NO. _____ | _____ |
| 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 | |

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 _____

FOR COMPANY USE

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 _____