



An Equal Opportunity Employer  
**DRIVER'S APPLICATION FOR EMPLOYMENT**

Applicant Name (Print) \_\_\_\_\_ Date of Application \_\_\_\_\_

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.

**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 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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information corrected 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**

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED _____	DEPARTMENT RELEASED FROM _____
DISMISSED _____	VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____	SUPERVISOR _____

## Answer all questions - please print

Position(s) Applied for : \_\_\_\_\_  
 Name: \_\_\_\_\_ DL # \_\_\_\_\_  
                                 Last                                First                                Middle

List your addresses of residency for the past 3 years.

Current Address				
	Street	City		
	State	Zip Code	Phone Number	How Long?
Previous Addresses				
	Street	City	State & Zip	How Long?
	Street	City	State & Zip	How Long?
	Street	City	State & Zip	How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
 Required for Commercial Drivers \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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 bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_  
 (Answer only if a job requirement)

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 job description)?

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 he most recent. Add another sheet as necessary.)

EMPLOYER					DATE				
NAME						From		To	
						MO	YR	MO	YR
ADDRESS					Position Held				
CITY				State	Zip	Salary/Wage			
CONTACT PERSON			Phone #			Reason for Leaving			
WERE YOU SUBJECT TO THE FMCSR'S 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									

**Answer all questions - please print**

EMPLOYER		Telephone:	DATE
NAME		Dates Employed From M/Y To M/Y	
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON		Telephone Number:	Reason for Leaving
Were you subject to the FMCSR;s while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER		Telephone:	DATE
NAME		Dates Employed From M/Y To M/Y	
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON		Telephone Number:	Reason for Leaving
Were you subject to the FMCSR;s while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER		Telephone:	DATE
NAME		Dates Employed From M/Y To M/Y	
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON		Telephone Number:	Reason for Leaving
Were you subject to the FMCSR;s while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER		Telephone:	DATE
NAME		Dates Employed From M/Y To M/Y	
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON		Telephone Number:	Reason for Leaving
Were you subject to the FMCSR;s while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER		Telephone:	DATE
NAME		Dates Employed From M/Y To M/Y	
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON		Telephone Number:	Reason for Leaving
Were you subject to the FMCSR;s while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.  
 The Federal Motor Carrier Safety Regulations (FMCRs) 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 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 NON, WRITE NONE**

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:**

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**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES TO (M/Y)	FROM (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTOR COACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO (More than 8 passengers)	-			
MOTOR COACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO (More than 15 passengers)	-			
OTHER _____	-			

List states operated in for 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? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

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

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List courses and training other than shown elsewhere in this application

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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

Last School Attended (Name)	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 completed to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_