

DRIVER APPLICATION FORM**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 provided by current/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 _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Contact: _____ Email: _____

Date Of Birth: _____ Social Security No.: _____

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). **You are required to list the complete mailing address: street number and name, city, state and Zip code.**

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (_____)

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations 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.

EXPERIENCE AND QUALIFICATION

Driving Experience

If no driving experience within the last 3 years - check here ☐

CLASS OF EQUIPMENT	DATES FROM TO	OR	APPROXIMATE NUMBER OF MILES
Box/Straight Truck	_____ _____		_____ _____ _____

Accident History (3 years)

If no accidents within the last 3 years - check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____		
_____	_____	_____		

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years - check here ☐

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		

Applicant Certification

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.

Applicant's Signature _____ Date _____