



# APPLICATION FOR EMPLOYMENT

Notice: Substance and Alcohol Testing is required of applicant driver.

Date: \_\_\_\_\_

Company \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ How Long \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Addresses for Past Three Years

\_\_\_\_\_  
(Street) (City) (State) (Zip) Dates \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip) Dates \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers License \_\_\_\_\_  
(State) (License Number) (Expiration Date)

### Traffic (Moving) Convictions and Forfeitures for the past 3 years (Other than Parking Violations)

\_\_\_\_\_  
(Charge) (Date) (Penalty) (Location)

\_\_\_\_\_  
(Charge) (Date) (Penalty) (Location)

\_\_\_\_\_  
(Charge) (Date) (Penalty) (Location)

Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

(If the answer is yes to either of the two previous questions, attach statement-giving details)

### DRIVING EXPERIENCE

Class of Equipment Type of Equipment Dates Approximate Number of Miles  
(Van, Tank, Flat, Etc.) From To (Total)

Straight Truck \_\_\_\_\_

Tractor & Semi Trailer \_\_\_\_\_

Other \_\_\_\_\_

### ACCIDENT RECORD (Past 3 years or more)

Date Nature of Accident (Head-on, Rear-end, Upset, Etc.) Fatality Injury Non-Injury

Last Accident \_\_\_\_\_

Next Previous \_\_\_\_\_

Next Previous \_\_\_\_\_

## EMPLOYMENT HISTORY

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the *preceding ten years*. List mailing addresses, street number, city, state, zip code, contact name and valid telephone number.

Applicants applying to drive a “**commercial motor vehicle**” as defined by Part 383, in intrastate or interstate commerce shall provide 10 years’ information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers starting with most recent, add another sheet if necessary)

Employer \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_

(Month & Year)

Address \_\_\_\_\_ Position held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

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 & Alcohol Testing requirements of 49 CFR Part 40? Yes No

Employer \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_

(Month & Year)

Address \_\_\_\_\_ Position held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

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 & Alcohol Testing requirements of 49 CFR Part 40? Yes No

**(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)**

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on 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, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my applications. 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.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date