



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)

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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