

# APPLICATION FOR EMPLOYMENT

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

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

## Addresses for Past Three Years

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EXPERIENCE AND QUALIFICATIONS – DRIVERS

Driver's License: State \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

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

Straight Truck:

Tractor & Semi Trailer:

Other:

## ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE (latest first)

Date	Nature of Accident (head on, rear-end, etc.)	Fatality	Injury	Non-Injury
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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## Employment History

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the preceding three years. List mailing address, street number, city, state and zip code.

Applicants applying to drive a "commercial motor vehicle" as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years of information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer: _____ Date: _____ Name: _____ From: Month: ____/ Year: ____ To: Month: ____/ Year: ____ Address: _____ Position Held: _____ City: _____ State: ____ Zip: ____ Salary/Wages: _____ Contact Person: _____ Phone Number: _____ Reason for Leaving: _____ **Were You Subject To The FMCSR's While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> **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 <input type="checkbox"/> No <input type="checkbox"/>
Employer: _____ Date: _____ Name: _____ From: Month: ____/ Year: ____ To: Month: ____/ Year: ____ Address: _____ Position Held: _____ City: _____ State: ____ Zip: ____ Salary/Wages: _____ Contact Person: _____ Phone Number: _____ Reason for Leaving: _____ **Were You Subject To The FMCSR's While Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> **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 <input type="checkbox"/> No <input type="checkbox"/>

(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 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.

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

Applicant Signature: \_\_\_\_\_