



COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Date: _____

Applicant Name: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

*If at above address for less than three years, list below all residences for the past three years.

Position Applying For: _____ Temporary Part Time Full Time

Who Referred You? _____ Rate of Pay Expected? _____

Have you ever worked for this company before? **Y** **N** Dates: From _____ to _____

Where? _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Names of any relatives employed by this company: _____

Are you currently employed? **Y** **N** If not, how long since leaving last employment? _____

EDUCATION

Highest Grade Completed: _____ College: _____

Last School Attended: _____

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? **Y** **N** If yes, which branch of service? _____

Describe any military training relevant to the position for which you are applying:

Are you currently serving in Military Reserves? **Y** **N** Are you currently serving in National Guard? **Y** **N**

GENERAL

Have you ever been convicted of a felony? **Y** **N**

*If yes, please explain below. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Only U.S. Citizens or those individuals who have a legal right to work in the U.S. are eligible for employment.

Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? **Y** **N**



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DRIVER EXPERIENCE/QUALIFICATIONS

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS#.

Date of Birth: _____ Social Security Number: _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of Last D.O.T. Prescribed Examination: _____ Can you provide a copy? **Y** **N**

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? **Y** **N**

Can you comfortably and safely lift/carry 50 lbs. or greater? **Y** **N**

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? **Y** **N**

2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? **Y** **N**

3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? **Y** **N**

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

DRIVER'S LICENSE INFORMATION

Driver Licenses held in past 3 years must be shown.

State: _____ License Number: _____ Type: _____ Exp. Date: _____

State: _____ License Number: _____ Type: _____ Exp. Date: _____

State: _____ License Number: _____ Type: _____ Exp. Date: _____

State: _____ License Number: _____ Type: _____ Exp. Date: _____



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- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Y** **N**
 B. Has any license, permit or privilege ever been suspended or revoked? **Y** **N**
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? **Y** **N**

If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

List States Operated in During the Last Five Years:

List Special Courses or Training That Will Help You as a Driver:

List Safe Driving Awards Held and Who Awards Were Presented By:

ACCIDENT HISTORY

Accident Review for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (Head-On, Rear-End, etc.)	#Fatalities	#Injuries	#Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (attach separate sheet if necessary).

Current Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for Leaving: _____



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APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____