

DRIVER EMPLOYMENT APPLICATION

Applicant Name _____ Date of Application ____/____/____
Phone Number _____ E-mail _____

Company _____
Address _____
City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status

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 Federal Motor Carrier Safety Administration.

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 previous employers.
- Have errors in the information corrected by previous employers and for those previous employers yp re-send the corrected information to the prospective employer.
- 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 _____

FOR COMPANY USE BELOW THIS POINT – APPLICANT PLEASE PROCEED TO PAGE 2

APPLICANT HIRED

☐

DATE EMPLOYED _____

APPLICANT NOT HIRED

☐

CLASSIFICATION _____

TERMINATION DATE _____

ELIGIBLE FOR RE-HIRE?

☐

YES

☐

NO

TERMINATION ON FILE _____

SUPERVISOR _____

APPLICANT TO COMPLETE
answer all questions – please print

Position Applied for: _____

Name _____ Social Security No _____

LIST YOUR ADDRESSES FOR THE PAST 3 YEARS

Current Address	_____		_____	_____	_____
	Street	City			
	_____	_____	Phone	_____	How Long? _____
	State	Zip			yr/mo
Previous Addresses	_____		_____	_____	_____
	Street	City	State & Zip Code	How Long? _____	yr/mo
	_____	_____	_____	How Long? _____	yr/mo
	State	Zip	_____	How Long? _____	yr/mo

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
Required for Commercial Drivers

Have you worked for this company before? _____ Which Location? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving your last employer? _____

How did you hear of us? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Is there any reason you might be unable to perform the function of the job for which you have applied, as described in the attached job description? ☐ YES ☐ NO

If yes, please explain

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years information on those employers for whom the applicant operated such vehicle.

LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE YOUR CURRENT, OR MOST RECENT EMPLOYER FIRST

EMPLOYER		DATE	
NAME OF COMPANY		FROM MO	YR
ADDRESS		POSITION	
CITY		SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER	DATE	
NAME OF COMPANY	FROM MO	YR
ADDRESS	POSITION	
CITY	SALARY/WAGE	
CONTACT PERSON	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME OF COMPANY	FROM MO	YR
ADDRESS	POSITION	
CITY	SALARY/WAGE	
CONTACT PERSON	REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Commercial vehicles include those having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver, or any size vehicle used to transport hazardous materials in a quantity requiring placarding).

The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), or 3. is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS - BOTH ON DUTY AND OFF DUTY

DATES	INJURIES	FATALITIES	AT FAULT	NATURE OF ACCIDENT (backing, head-on, etc)

TRAFFIC CONVICTIONS DURING THE PAST 3 YEARS – BOTH ON DUTY AND OFF DUTY

INFRACTION	DATE	PENALTY	LOCATION

DRIVER LICENSE OR PERMITS HELD TH THE PAST 7 YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

Have you ever been denied a license, or had a license or permit suspended or revoked?

☐

YES

☐

NO

If yes, please explain _____

DRIVING EXPERIENCE – CHECK YES OR NO

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (circle one)	DATE FROM MO/YR	DATE TO MO/YR	APPROXIMATE MILES DRIVEN (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	
TRACTOR & TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	
MOTORCOACH (less than 8 pass) <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	
MOTORCOACH (more than 8 pass) <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	
PARA TRANSIT, NEMT, EMT <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	
OTHER: <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT	/	/	

LIST ANY OTHER DRIVING RELATED COURSES AND TRAINING OR AWARDS THAT YOU HAVE RECEIVED THAT YOU HAVE NOT LISTED ELSEWHERE ON THIS APPLICATION.

LIST ANY SPECIAL SKILLS OR TALENTS THAT YOU HAVE ACQUIRED, **OTHER THAN DRIVING**, THAT YOU HAVE NOT LISTED ELSEWHERE ON THIS APPLICATION. FOR EXAMPLE: COMPUTER SKILLS, TELEPHONE SKILLS, BOOKKEEPING AND TYPING SKILLS ETC. THIS SECTION IS WHERE YOU WOULD ALSO LIST ANY MECHANICAL ABILITIES OR SALES APTITUDE.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____ CITY, STATE _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: ____/____/____