Employment Application

_____

Company Name

_____

Address

_____

City, State, ZIP

_____

Phone number

Position Applying for: _____ Date of Application: _____

Name: _____ Social Security No.: _____

Last *First* *Middle*

Current Address: _____

City *Street* *State* *Zip Code*

Phone: _____ Birth Date: _____

Previous

Addresses: _____Dates: From _____

(3 Years) *Street* *City* *State & Zip Code* To _____

_____Dates: From

Street *City* *State & Zip Code* To _____

_____ Dates: From

Street *City* *State & Zip Code* To _____

Driver's License information: List all licenses held within the previous 3 years

License number_____ Class _____ State _____ Exp. Date _____

License number_____ Class _____ State _____ Exp. Date _____

License number_____ Class _____ State _____ Exp. Date _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?
YES ☐ NO ☐ If yes, give state of issuance and explanation of the circumstances _____

Driving Experience

Types of Equipment	**Dates**		**Approx. mileage driven**
(Truck, tractor/trailer, tank, etc.)	To	From	(total)

List all traffic violations convictions for the previous 3 years (write NONE, if none)

Date	Location	Violation	Commercial Vehicle
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

List all accidents for the previous 3 years (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐ Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐			
Employer:	Period of Employment		Supervisor:

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐ Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐			
Employer:	Period of Employment		Supervisor:

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

Employer:	Period of Employment	Supervisor:

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES ☐ NO ☐

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES ☐ NO ☐

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?	YES ☐	NO ☐
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	YES ☐	NO ☐

Use additional sheet if needed)

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a perspective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records

Certification

"I certify 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."

_____ _____

Applicant's Signature *Date Signed*