DRIVER’S APPLICATION FOR EMPLOYMENT

Applicant Name: Date:

(print)

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 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 to re-send the corrected information to the prospective employer; and
* 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**

**PROCESS RECORD**

APPLICANT HIRED: REJECTED:

DATE EMPLOYED: POINT EMPLOYED:

DEPARTMENT: CLASSIFICATION:   
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER:

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: DEPARTMENT RELEASED FROM:

DISMISSED: VOLUNTARILY QUIT: OTHER:

TERMINATION REPORT PLACED IN FILE: SUPERVISOR:

**APPLICANT TO COMPLETE**(answer all questions – please print)

Position(s) Applied For:

Name: Social Security No.:

List your addresses of residency for the past 3 years:

Current Address:

City

Street

Phone: How Long?

Zip

State

Previous   
Address(s): How Long?

State & Zip

City

Street

How Long?

State & Zip

City

Street

How Long?

State & Zip

City

Street

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

Date of Birth: Can you provide proof of age?

Have you worked for this company before? If so, where?

Dates: From To Position:

Reason for Leaving:

Who referred you? Rate of pay expected:

(Answer only if a job requirement)

Have you ever been bonded? Name of Bonding Company:

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]?

**EMPLOYMENT HISTORY**

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in interstate commerce shall also provide an additional 7 years’ information on those employers for whom the applicant operated such vehicle. **(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION HELD: | |
| CITY: | REASON FOR LEAVING: | |
| STATE: ZIP: |
| CONTACT PERSON: PHONE NUMBER: | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO  WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES NO | | |
|
| **EMPLOYER** | **DATE** | |
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION HELD: | |
| CITY: | REASON FOR LEAVING: | |
| STATE: ZIP: |
| CONTACT PERSON: PHONE NUMBER: | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO  WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES NO | | |
|
| **EMPLOYER** | **DATE** | |
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION HELD: | |
| CITY: | REASON FOR LEAVING: | |
| STATE: ZIP: |
| CONTACT PERSON: PHONE NUMBER: | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO  WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES NO | | |
|

**EMPLOYMENT HISTORY (continued)**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **DATE** | |
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION HELD: | |
| CITY: | REASON FOR LEAVING: | |
| STATE: ZIP: |
| CONTACT PERSON: PHONE NUMBER: | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO  WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES NO | | |
|
| **EMPLOYER** | **DATE** | |
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION HELD: | |
| CITY: | REASON FOR LEAVING: | |
| STATE: ZIP: |
| CONTACT PERSON: PHONE NUMBER: | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO  WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES NO | | |
|
| **EMPLOYER** | **DATE** | |
| NAME: | FROM: | TO: |
| ADDRESS: | POSITION HELD: | |
| CITY: | REASON FOR LEAVING: | |
| STATE: ZIP: |
| CONTACT PERSON: PHONE NUMBER: | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO  WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECTED TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?  YES NO | | |
|

\*Includes vehicles 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 THE PAST 3 YEARS OR MORE (attach sheet if more space is needed)

IF NONE, WRITE **NONE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
| LAST ACCIDENT |  |  |  |  |
| NEXT PREVIOUS |  |  |  |  |
| NEXT PREVIOUS |  |  |  |  |

**TRAFFIC CONVICTIONS** AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver licenses or permits held in the past 3 years | STATE | LICENSE NO. | CLASS | ENDORSEMENT(s) | EXPIRATION DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
2. Has any license, permit, or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

**DRIVING EXPERIENCE** CHECK YES OR NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | CIRCLE TYPE OF EQUIPMENT | DATES    TO (M/Y) FROM (M/Y) | | APPROX. NO. OF MILES (TOTAL) |
| STRAIGHT TRUCK \_\_\_\_\_YES \_\_\_\_\_NO | (VAN, TANK, FLAT, DUMP, REFER) |  |  |  |
| TRACTOR AND SEMI-TRAILER \_\_\_\_\_YES \_\_\_\_\_NO | (VAN, TANK, FLAT, DUMP, REFER) |  |  |  |
| TRACTOR - TWO TRAILERS \_\_\_\_\_YES \_\_\_\_\_NO | (VAN, TANK, FLAT, DUMP, REFER) |  |  |  |
| TRACTOR - THREE TRAILERS \_\_\_\_\_YES \_\_\_\_\_NO | (VAN, TANK, FLAT, DUMP, REFER) |  |  |  |
| MOTORCOACH - SCHOOL BUS (More than 8 passengers)  YES NO |  |  |  |  |
| MOTORCOACH - SCHOOL BUS (More than 15 passengers)  YES NO |  |  |  |  |
| OTHER |  |  |  |  |

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOW ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**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:

**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 knowledge.**

**Signature: Date:**