



**EDUCATION**

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

**DRIVER EXPERIENCE AND 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 month/day/year

**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 Department of Transportation prescribed examination \_\_\_\_\_ Can you provide a copy? 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 three 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? \_\_\_\_\_  
 yes \_\_\_\_\_ no
2. Within the last three 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 preformed safety-sensitive transportation work?  
 \_\_\_\_\_ yes \_\_\_\_\_ no
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? \_\_\_\_\_ yes \_\_\_\_\_ no

**DRIVER'S LICENSE INFORMATION**

	State	License Number	Type	Expiration Date
<b>Drivers Licenses held in past 3 years must be listed</b>				

- 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 From      To	Approximate Total Miles
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, Backing, 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

### 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.) You are required to list the complete mailing address: street number, city, state and zip code.

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: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_