



# DRIVERS APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

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.

I authorize you to make such investigations and inquiries of my personal, 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, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 a 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 to the accuracy of the information.

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

### FOR COMPANY USE PROCESS RECORD

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions - please print)

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Suffix Social Security #

Current Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_ Required for Commercial Drivers

**If your above address is less than 3 years – list them below to cover the previous 3 year period – Use another sheet for additional addresses**

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Code  
From \_\_\_\_\_ to \_\_\_\_\_

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

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
(If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.)

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT HISTORY

All driver applicants 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 intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant drove such a vehicle. (NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary. Include dates not employed between previous employers.)

EMPLOYER	DATE
NAME	TO: / FROM: /
ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <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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ADDRESS	POSITION:
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
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**ACCIDENT RECORD** FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES	HAZARDOUS
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  YES  NO

B. 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.

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**DRIVING EXPERIENCE** CHECK YES/NO

CLASS OF EQUIPMENT		DATES		CIRCLE TYPE	APPROX. NO. MILES
		TO	FROM		
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	
TRACTOR AND SEMI TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO			VAN, TANK, FLAT, DUMP, REFER	

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 \_\_\_\_\_