

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: _____
Street City

State Zip Code Phone: _____ Birth Date? _____

Previous Addresses: (3 Years) _____ Dates: From _____
Street City State & Zip Code To _____
 _____ Dates: From _____
Street City State & Zip Code To _____
 _____ Dates: From _____
Street City State & Zip Code To _____

Use backside of sheet for additional addresses

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 _____

Use backside of sheet if additional space is needed

Driving Experience

Types Of Equipment <small>(Truck, tractor/trailer, tank, etc.)</small>	Dates		Approx. mileage driven <small>(total)</small>
	To	From	

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

Date	Location	Violation	Commercial Vehicle
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

(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

Previous Employer Driver Inquiry

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE		
I, _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> FIRST M.I. LAST SOCIAL SECURITY NUMBER </div> Do hereby authorize my:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Previous Employer: _____ Address: _____ City, State, Zip: _____ </td> <td style="width: 50%; border: none;"> Phone: _____ Fax: _____ E-mail: _____ </td> </tr> </table>		Previous Employer: _____ Address: _____ City, State, Zip: _____	Phone: _____ Fax: _____ E-mail: _____
Previous Employer: _____ Address: _____ City, State, Zip: _____	Phone: _____ Fax: _____ E-mail: _____		
To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Perspective Employer: _____ Address: _____ City, State, Zip: _____ </td> <td style="width: 50%; border: none;"> Phone: _____ Fax: _____ E-mail: _____ </td> </tr> </table>		Perspective Employer: _____ Address: _____ City, State, Zip: _____	Phone: _____ Fax: _____ E-mail: _____
Perspective Employer: _____ Address: _____ City, State, Zip: _____	Phone: _____ Fax: _____ E-mail: _____		
In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.			
_____ APPLICANT'S SIGNATURE	_____ DATE		

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
1. The applicant named above was employed by us from (m/y) _____ to (m/y) _____	
2. What kind(s) of work did the applicant do? _____	
3. Did the applicant drive a motor vehicle for your? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Semi-trailer <input type="checkbox"/> Bus <input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Other	
4. Was the applicant a safe and efficient driver? _____	
5. Was the applicant involved in any accidents? If so, include dates (d/m/y), and brief explanation: _____ _____	
6. Was the driver ever placed out-of-service for hours of service violations? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____	
7. Did the applicant misuse alcohol or use a controlled substance? _____	
8. Was the applicant's general conduct satisfactory? _____	
9. Reason for leaving your employ: <input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned	
10. Remarks: _____	
Print Name: _____ Position: _____	
Signature: _____ Date: _____	

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR Part 391.23.