

DRIVER'S APPLICATION FOR EMPLOYMENT



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, or non-job related disability.

APPLICANT INFORMATION

Date of Application _____

Name _____

SSN _____ CDI/DL Number _____ ST _____

Address _____

Phone Number _____ Alternate Number _____

Date of Birth _____

List your residency for the past 3 years:

Address _____

How long? _____

Address _____

How long? _____

Have you worked for this company before? yes no If yes, where? _____

Dates from _____ to _____ Position _____

Reason for Leaving _____

Who referred you? _____

Are you employed now? yes no If not, how long since leaving last employment? _____

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

If yes, please explain _____

EMPLOYMENT HISTORY

(Attach a separate sheet if more space is needed)

List employment for last 10 years, applicants to drive commercial motor vehicles in intrastate or interstate commerce must provide 10 year information on previous employers.

Last Employer Name _____

Address _____ Phone Number _____

Position Held _____ from _____ to _____

Reason for Leaving _____

Were you subject to FMCSR* while employed? yes no Were you subject to drug/alcohol testing? yes no

Second Employer Name _____

Address _____ Phone Number _____

Position Held _____ from _____ to _____

Reason for Leaving _____

Were you subject to FMCSR* while employed? yes no Were you subject to drug/alcohol testing? yes no

Third Employer Name _____

Address _____ Phone Number _____

Position Held _____ from _____ to _____

Reason for Leaving _____

Were you subject to FMCSR* while employed? yes no Were you subject to drug/alcohol testing? yes no

Fourth Employer Name _____

Address _____ Phone Number _____

Position Held _____ from _____ to _____

Reason for Leaving _____

Were you subject to FMCSR* while employed? yes no Were you subject to drug/alcohol testing? yes no

Fifth Employer Name _____

Address _____ Phone Number _____

Position Held _____ from _____ to _____

Reason for Leaving _____

Were you subject to FMCSR* while employed? yes no Were you subject to drug/alcohol testing? yes no

Sixth Employer Name _____

Address _____ Phone Number _____

Position Held _____ from _____ to _____

Reason for Leaving _____

Were you subject to FMCSR* while employed? yes no Were you subject to drug/alcohol testing? yes no

Accident Record for the past 3 years: If none, write None.

Date	Nature of Accident	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years: (other than parking violations) If none, write None.

Date	Nature of Accident	Fatalities	Injuries

Driver's License(s) Information

State	Driver's License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (tank, van, flat)	Date From	Date To	Approximate Number of Miles
Straight Truck				
Tractor an Semi-Trailer				
Tractor with Double or Triples				
Other				

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

EXPERIENCE + QUALIFICATIONS

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle? **yes** **no**

B. Do you have a pending charge or past conviction for driving while intoxicated? **yes** **no**

C. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing

1. Did you have alcohol tests with a result of 0.04 or higher? **yes** **no**

2. Did you have verified positive drug tests? **yes** **no**

3. Did you refuse to be tested? **yes** **no**

4. Did you have other violations of DOT agency drug and alcohol testing regulations? **yes** **no**

5. Did another company report a drug and alcohol rule violation to you? **yes** **no**

6. If you answered "yes" to any of the above items, did you complete the return-to-duty process? **yes** **no**

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record.)

Application Addendum

Federal Motor Carrier Safety Regulations §40.25 (j) The employer must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test, on any pre-employment alcohol test during the past two years? **yes** **no**

Applicant's Signature

Date

TO BE READ AND SIGNED BY APPLICANT

I authorize the Company to make such investigations and inquiries of my personal, employment, 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, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. 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 investigatong 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 to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

Applicant's Signature

Date