



Commercial Driver Application

Date of Application:

____/____/____

NOTICE: Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used and the applicant's previous employers will be contacted, for the purpose of investigating applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

Name: _____

Current Address: _____ City _____ State _____ Zip _____

(must have 3 years of address listed)

Previous Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____ Email Address: _____

In case of an EMERGENCY please notify: _____ relationship _____

Home phone (____) _____ - _____ Work phone (____) _____ - _____

1. Do you have the legal right to work in the United States? Yes No

2. Date of Birth ____/____/____

3. Social Security Number _____ - _____ - _____

4. Have you worked for this company before? Yes No

5. If yes, for which client (Company) _____

Dates worked - From ____/____/____ To ____/____/____ Rate of Pay \$ _____

Position _____ Reason for Leaving _____

6. Are you now employed? Yes No

7. Who referred you? _____

8. POSITION APPLIED FOR: **DRIVER**

9. Rate of pay expected? \$ _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitations? _____

Are you physically capable of heavy, manual work? Yes No

If no, please explain _____

Have you lost any time from work in the past three years? Yes No

If yes, please explain _____

Would you be willing to take a physical examination? Yes No

EMPLOMENT HISTORY

All driver applicants in order to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

All applicants in order to drive a commercial motor vehicle (as defined by the USDOT) in intrastate or interstate commerce shall also provide an additional (7) years information on those employers for whom the applicant was an operator of a commercial motor vehicle.

MUST LIST 10 YEARS OF PREVIOUS EMPLOYMENT

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

PREVIOUS EMPLOYMENT CONTINUED

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 ⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 ⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: To:
Address:	Position:
City: State: Zip:	Wage:
Contact Person: Phone:	Reason for leaving:

⇒ Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 ⇒ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

DUE PROCESS RIGHTS: The following are your rights in regards to your safety performance history information.

- The right to review information provided by the previous employer.
- The right to have errors in the information corrected by the previous employer, and for that previous employer to resend 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.

Applicant Signature *Date Signed*

IF THIS SECTION IS NOT SIGNED & DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.

(i)(2) Drivers 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 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-business days' deadline will begin when the prospective 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 his/her request to review the records. Please contact Human Resources for more information.

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (Attach sheet if more space needed)

EVENT	DATE	NATURE OF ACCIDENT/INCIDENT	FATALITY: Y / N	INJURIES: Y / N
Most Recent				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 5 YEARS (Other than parking violations)

LOCATION	DATE	VIOLATION	PENALTY	SUSPENSION: Y / N

EDUCATION

Last School Attended _____ City, State: _____, _____

Circle Highest Grade Completed: 8 9 10 11 12 Secondary: 1 2 3 4 Other: _____

EXPERIENCE & DRIVER QUALIFICATIONS

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION
Date of each unexpired commercial motor vehicle operator's license or permit issued to applicant				

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

C. Have you ever been convicted of a felony? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, ATTACH A STATEMENT GIVING DETAILS.

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP (Van, Tank, Flat, Reef)	DATE		TOTAL MILES
		FROM	TO	

List all states operated in for last 5 years:

List special courses or training that will help you as a driver:

List Safe Driving awards you hold and from who: