



Driver Application

Applicant name: _____ Social Security number: _____

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Current address: _____ City: _____ State: _____ ZIP: _____ Date of birth: _____

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Residence Past Three Years

Address: _____ City: _____ State: _____ ZIP: _____ How long? _____

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Address: _____ City: _____ State: _____ ZIP: _____ How long? _____

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Address: _____ City: _____ State: _____ ZIP: _____ How long? _____

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Experience and Qualifications—Driver

Make a copy of the driver's license and medical certificate.

Applicant must list the states and license numbers of all licenses held for the past three years.

State	License number	Expiration date	Class A, B, C	Endorsements

Driving Experience

Equipment class	Type of equipment (e.g., van, flat, tank)	Dates		Approximate number of miles
		From	To	
Straight truck				
Tractor semitrailer				
Tractor with doubles				
Tractor with triples				
Tractor with tank				
Other				

Accidents/Crashes for the Past Three Years or More

Date	Nature of accident (backing, head-on, rollover, turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the Past Three Years

Date of conviction	Offense	Location	Type of motor vehicle operated



Driver Application

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B. Has any license, permit or privilege ever been revoked? Yes No

If yes, attach statement giving details.

This company requires all drivers who drive commercial motor vehicles (CMVs) that require a commercial drivers license (CDL) to be controlled substances tested with a negative result prior to driving. Do you consent to such testing? Yes No

Employment Record

All for Past Three Years and Commercial Driving Experience for Past 10 Years

Last employer:		
Position held:	From:	To:
Address:	City:	State:
Telephone:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last employer:		
Position held:	From:	To:
Address:	City:	State:
Telephone:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last employer:		
Position held:	From:	To:
Address:	City:	State:
Telephone:		
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's signature:

Date:



Driver Application Addendum

Residence

Address:	City:	State:	ZIP:	How long?
Address:	City:	State:	ZIP:	How long?
Address:	City:	State:	ZIP:	How long?

EMPLOYMENT

Last employer:				
Position held:	From:	To:		
Address:	City:	State:		
Telephone:				
Reason for leaving:				
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last employer:				
Position held:	From:	To:		
Address:	City:	State:		
Telephone:				
Reason for leaving:				
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last employer:				
Position held:	From:	To:		
Address:	City:	State:		
Telephone:				
Reason for leaving:				
Were you subject to Federal Motor Carrier Safety Regulations at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				



Records Request for Driver/Applicant Safety Performance History

§391.23(i)(2): Drivers who have previous DOT-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 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 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his or her request to review the records. Additional guidance on investigations and inquires can be found on [the FMCSA's website](#).

Part 1:	To be completed by the driver/applicant	
To:	Prospective employer:	
	Street/P.O. box:	
	City, State, ZIP:	Telephone: - -
From:	Driver/applicant:	Social Security: - -
	Street:	
	City, State, ZIP:	Telephone: - -
I am submitting this written request to obtain copies of my Department of Transportation (DOT) safety performance history for the preceding three years. I understand, for reasons requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.		
This information should be:		<input type="checkbox"/> Sent to me at the above address.
		<input type="checkbox"/> I will arrange to pick it up.
Driver/applicant signature:		Date:
Part 2:	Completed by the prospective employer	
The information must be provided 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.		
Information supplied to:		
Name:		
Street:		
City, State, ZIP:		
Comments:		
By:	- -	/ /
Signature/person providing information	Telephone: - -	Date:

Copy 1: Prospective Employer



Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with B&R Reliable Transportation, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to B & R Reliable Transportation's or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **B&R Reliable Transportation's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full legal name (include middle initial)

Social Security number

Driver's license number

State of issuance

Date of birth

Signature

Date



Annual Certificate of Violations and Review of Driving

Driver's name: _____ License number: _____ State: _____

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Annual Certificate of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

- Violations are listed below.
- I have had no violations.

Date of conviction	Offense	Location	Type of motor vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver signature: _____

Reviewed by: _____ Title: _____

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Annual Review of Driving Record

In accordance with 49 Code of Federal Regulations Section 391.25 (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him or her in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer: _____ Date: _____

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