

**DRIVER APPLICATION FOR QUALIFICATION**



3995 South 300 West  
Murray, Utah 84107  
801-865-7572

The purpose of this application is to determine whether the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

**INSTRUCTIONS TO APPLICANT: Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, write "No" or "None".**

Date of Application \_\_\_\_\_ Position Applied for \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Required for Commercial Drivers)

Can you provide proof of age? \_\_\_\_\_ Do you have a legal right to work in the United States? \_\_\_\_\_

Physical Exam Expiration Date \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Email Address \_\_\_\_\_

Current & Three Years Previous HOME Addresses include ZIP CODE:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

EDUCATION AND EMPLOYMENT HISTORY

Give a **Complete Record** of all employment for at least the past **THREE** years, including any unemployment and self-employment, and all commercial driving experience for the past **TEN** years. Begin with most recent job. **Addresses and phone numbers must be listed.**

\*FMCSR = Federal Motor Carrier Safety Regulations

**Present or Last Employer:**

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
**Mo/Yr Mo/Yr**  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Were you subject to the FMCSR's\* while employed here? Yes\_\_\_\_ 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? Yes\_\_\_\_ No\_\_\_\_

**Past Employer:**

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
**Mo/Yr Mo/Yr**  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City)  
(State/Zip)  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Were you subject to the FMCSR's\* while employed here? Yes\_\_\_\_ 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? Yes\_\_\_\_ No\_\_\_\_

**Past Employer:**

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
**Mo/Yr Mo/Yr**  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City)  
(State/Zip)  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Were you subject to the FMCSR's\* while employed here? Yes\_\_\_\_ 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? Yes\_\_\_\_ No\_\_\_\_

**Past Employer:**

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
**Mo/Yr Mo/Yr**  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City)  
(State/Zip)  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

Were you subject to the FMCSR's\* while employed here? Yes\_\_\_\_ 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? Yes\_\_\_\_ No\_\_\_\_

Explain any gaps in employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVING EXPERIENCE

Class of Equipment	Dates		Type of Equipment (Van, Tank, Flat, etc.)	Approximate Total Miles
	From	To		
Straight Truck				
Tractor and Semi-trailer				
Tractor –two trailers				
Other				

List all states and foreign countries operated in for the last five years ]

List all special courses/ training completed (HazMat, PTD/DDC etc.)

List any Safe Driving Awards or special certificates you hold and from whom:

\_\_\_\_\_

Accident Record for the past three years (attach a sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of People Injured	# of Fatalities

Traffic Convictions and Forfeitures for the last three years (All convictions, other than parking violations)

Date	Location	Charge	Penalty

Driver's License ( List each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? . . . . . YES ( ) NO ( )  
 B. Have you ever had a license, permit or privilege ever been suspended or revoked? . . . . . YES ( ) NO ( )  
 C. Have you ever been convicted of a felony? . . . . . YES ( ) NO ( )  
 D. Is there any reason you might be unable to perform the functions of the job for which you have applied? . . . . . YES ( ) NO ( )

If the answer to A, B, C or D is "YES", give details: \_\_\_\_\_

\_\_\_\_\_

PERSONAL REFERENCES

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List two persons for reference, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and grounds for termination.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I have also been informed and understand that I may be required to submit a criminal background check, should the responsibilities of the position applied for require it.

I give Stockley Local Delivery, LLC and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

*I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.*

*It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.*

*It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.*

*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

**REMARKS (FOR OFFICE USE ONLY)**

**DATE OF HIRE:**

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