

# COMMERCIAL DRIVER APPLICATION

Company HEP Transport, Inc. dba EP Transport, Inc. 979-542-2302 / Fax: 979-540-2079

Address PO Box 1449

City Giddings State TX Zip 78947

## APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for: Contractor Driver Contractor's Driver

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM	TO
_____	FROM	TO
_____	FROM	TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr From	Mo/Yr To	Present or Last Employer Name
_____	_____	_____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs 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

Mo/Yr From	Mo/Yr To	Present or Last Employer Name
_____	_____	_____

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs 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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs 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

*(Attach additional sheets for 10-year history, if needed.)*

### DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

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

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_



HEP Transport, Inc. dba EP Transport, Inc.

PO Box 1449

Giddings, TX 78942

979-542-2302

**COMMERCIAL VEHICLE DRIVER APPLICANT  
Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25(j)**

.....  
Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First, Middle, Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**49 CFR 40.25(j) - Have you ever tested positive, or refused to test, on any pre -employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

YES NO

If YES - Have you successfully completed the return-to-duty process?

YES NO

**If YES - Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.**

\_\_\_\_\_  
Applicant's Signature Date Signed: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_