

COMMERCIAL DRIVER APPLICATION

EP TRANSPORT, INC.

PO Box 1449
Giddings, TX 78942
Phone: (979) 542-2302

APPLICANT INFORMATION

DATE _____ Position applying for: Driver

NAME _____

PHONE _____ EMERGENCY PHONE _____

AGE _____ DATE OF BIRTH _____ SSN# _____

(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

Truck Driving School Completed: YES NO

Name: _____ Phone#: _____

Address: _____

Date Completed: _____

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 Mo/Yr Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company # _____
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 # _____
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 # _____
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 # _____
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 # _____
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 # _____
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 # _____
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 # _____
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 necessary.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate # 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 Safety Driving Awards you hold and from whom: _____

Accident Record for part 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 answer to any question listed above are "yes", give details _____

Job References

List three (3) persons for reference, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant:

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

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

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 investigation Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time 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 Signature _____ **Date** _____

Remarks: (Office use only)

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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#: _____

Date of Birth: _____ Social Security#: _____ - _____ - _____

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: _____