

# DRIVER EMPLOYMENT APPLICATION



**PERSONAL DETAILS:**

Full Name: _____	Today's Date: _____
Email Address: _____	
Phone Number: _____	Date Of Birth: _____
Home Address: _____	Social Security Number (optional - required upon hire) : _____
City: _____	State: _____ Zip: _____

**LICENSE INFORMATION:**

Drivers License Number: _____
License Type: CLASS A / CLASS B    TWIC Card?: YES / NO    Expiration Date: _____
CDL License Number: _____

**DOT & COMPLIANCE:**

DOT Medical Card #: _____
DOT Card Expiration: _____
Any physical limitations that affect driving or job duties?: Yes / No    Years driving CDL: _____ years
State of license issued: _____ Restriction(s): _____

**DRIVING EXPERIENCE? :**

Please check all that apply:

- Tractor Trailer
- Dump Truck
- Roll-off
- Vacuum Truck / Trailers
- Flatbed / Float
- Tankers
- Lowboy
- Heavy Haul
- Tanker
- Hazardous Hauling
- Equipment Transport
- Automatic Transmission
- Manual transmission
- Dewatering Operations
- Off-road / oilfield driving
- Winch Truck
- Bulk Water / Chemical

**DRIVING RECORD (LAST 3 YEARS):**

List any moving violations, accidents, suspensions, or DUI/DWI. If none, write NONE.

DATE	TYPE (TICKET/ACCIDENT/SUSPENSION)	LOCATION

**EMPLOYMENT HISTORY:**

Company Name: _____			
Job Title: _____			
Dates of Employment:	From: _____	To: _____	Was this a DOT regulated position? YES / NO
Responsibilities & Achievements: _____			
_____			
Equipment Operated: _____			
Address: _____			
Phone Number: _____			

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_____			
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Address: _____			
Phone Number: _____			

**REFERENCES:**

*Please provide two professional references who are familiar with your work.*

**Reference 1:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: _____	Relationship to Applicant: _____
Phone Number: _____	Email: _____

**APPLICANT DECLARATION & CONSENT:**



I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in disqualification from employment consideration or termination if discovered after hire. I authorize NSSG to investigate and verify all information provided, including my employment history, driving record (MVR), DOT safety performance history, background information, and any other records necessary to determine my qualifications for employment. I understand that employment, if offered, is contingent upon meeting all company requirements, including passing a DOT drug and alcohol test, DOT physical, and any other required screenings. I acknowledge that I have read and understand this declaration and consent, and I agree to comply with all applicable company policies and DOT/FMCSA regulations.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**DOT SAFETY PERFORMANCE HISTORY RELEASE (PREVIOUS EMPLOYER RELEASE):**

In accordance with the Federal Motor Carrier Safety Administration (FMCSA) regulations, I authorize NSSG to contact my previous employers for the purpose of obtaining information related to my safety performance history. This includes, but is not limited to, verification of my employment dates, job duties, accident history, and any DOT drug and alcohol testing information as required under 49 CFR Part 40 and 49 CFR §391.23. I understand that this information may be used to determine my qualifications for employment as a commercial motor vehicle driver. I release NSSG, its representatives, and my previous employers from any and all liability resulting from the release or use of this information, as long as it is provided in good faith and in compliance with applicable federal regulations.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**MVR / BACKGROUND / CLEARINGHOUSE CONSENT:**

I authorize NSSG to obtain and review my Motor Vehicle Record (MVR) from any state in which I have held a driver's license, and I understand that this information will be used to evaluate my eligibility for employment as a commercial driver. I also authorize NSSG to conduct any background investigation deemed necessary to verify the information I provided, including employment history and other records related to my qualifications. Additionally, I consent to NSSG conducting a query of the FMCSA Drug & Alcohol Clearinghouse to determine whether any information exists regarding my DOT drug and alcohol testing history, as required by federal regulations. I understand that this consent applies to both pre-employment and any required future queries if I am hired. I certify that I have read and understand this authorization, and I agree to cooperate fully with all required processes.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**DOT DRUG & ALCOHOL TESTING CONSENT:**

I understand that as a condition of employment with NSSG in a DOT-regulated position, I must comply with all Federal Motor Carrier Safety Administration (FMCSA) and Department of Transportation (DOT) drug and alcohol testing requirements. I consent to submit to a pre-employment DOT drug test and understand that a negative test result is required prior to performing any safety-sensitive functions. I also acknowledge that if hired, I may be subject to random, post-accident, reasonable suspicion, return-to-duty, and follow-up drug and alcohol testing in accordance with 49 CFR Part 40 and applicable DOT/FMCSA regulations. I understand that refusal to test, tampering, or providing false information may result in disqualification from employment consideration or termination of employment.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_