

DATE OF APPLICATION: ___/___/___

APPLICATION

COMPANY _____

ADDRESS _____

CITY _____, STATE _____, ZIP _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Applicant Signature: X _____ **Date** ___/___/___

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (_____) _____ - _____ CELL PHONE NUMBER (_____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ____ - ____ - _____		

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____		CITY _____ STATE _____ ZIP _____	
PHONE: _____		FAX: _____ E-MAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____		FROM: ____/____/____ TO: ____/____/____	
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

SECOND LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____		CITY _____ STATE _____ ZIP _____	
PHONE: _____		FAX: _____ E-MAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____		FROM: ____/____/____ TO: ____/____/____	
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

THIRD LAST EMPLOYER COMPANY NAME: _____			
ADDRESS: _____		CITY _____ STATE _____ ZIP _____	
PHONE: _____		FAX: _____ E-MAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____		FROM: ____/____/____ TO: ____/____/____	
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? <input type="checkbox"/> YES <input type="checkbox"/> NO			
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____			

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE: ____ NUMBER: _____ EXPIRATION DATE: ____/____/____
 STATE: ____ NUMBER: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u>
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____
OTHER	_____	_____	_____
LIST COMMODITIES HAULED: _____			

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO**GENERAL**HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NOHAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NOIN CASE OF EMERGENCY, CONTACT: _____ (____) _____
Name Telephone number Relationship**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged 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.

X _____
Applicant Signature

_____/_____/_____
Date

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

Driver's Name

Driver's License Number

Driver's Social Security Number

Dear: _____

The above named individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the driving record during the preceding three (3) years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Printed name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Motor Carrier Street Address

Motor Carrier City, State and Zip

Motor Carrier Phone Number

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

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

Driver's Name: _____

Address: _____

Date of Conviction	Location	Vehicle Type	Description of Violation(e.g. speeding 69/55)

If no violations during this 12 month period, write "NONE."

Driver/License Information

License # _____ Expiration Date: _____

State of Issue: _____ Social Security#: _____

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

X _____

Driver's Signature

_____/_____/_____

Date of Certification

Name of Motor Carrier: _____

Address: _____

COMPANY USE ONLY -- ANNUAL REVIEW OF DRIVING RECORD

Carrier Instructions: At least once every 12 months a review of a driver's driving record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15. The driver should complete the top portion of the form, and the carrier should complete the bottom.

In accordance with Section 391.25 FMCSR, all information pertinent to the above driver's safety of operation, including all collisions, and the list of violations furnished by him/her in accordance with Section 391.27 FMCSR for the past 12 months has been reviewed.

Meets minimum requirements for safe driving

Is disqualified to drive a motor vehicle pursuant to §391.15

Does not meet minimum requirements for safe driving

Remarks/Action(s) Taken: _____

Reviewed by: _____

Supervisor's Signature

_____/_____/_____

Date of Review

