

**Please fill out and sign completely.** **When filling out previous employment we will need last 10 years employment and the last 3 years must be verifiable, we need complete address with zip code, phone number, email address if available and contact person. Also, attach a copy of your CDL, SS Card, and Medical Long and Short Form.**

**If you are having trouble, please contact us to our email:**

**info@mcetransportationllc.com**

**Thank you,**

**MCE Transportation, LLC.**

DATE: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

Applicant Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell Phone: **\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_** Home Phone: **\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_**

Current Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City State ZIP

\*If the above address is less than three years residence, list below all residences for the past three years. Attach a sheet if necessary.

Street City State ZIP

Street City State ZIP

Position Applying For? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp: \_\_ Part-Time: \_\_\_\_ Full-Time: \_\_\_\_

Who Referred You? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked at this company before? YES / NO

Dates: From \_\_/\_\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

**EDUCATION:**

Circle highest grade level: 1 2 3 4 5 6 7 8 9 10 11 12 College Level: 1 2 3 4

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY EXPERIENCE:**

Have you ever served in the U.S Armed Forces? YES / NO If yes which branch: \_\_\_\_\_\_\_\_\_\_

Are you currently serving in Military Reserves? YES / NO

Are you currently serving in the National Guard? YES / NO

**DRIVER EXPERIENCE AND QUALIFICATIONS**

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) require that driver applications state their date of birth and SS #

**Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Driver****License** | **State** | **License Number** | **Class** | **Endorsements** | **Expiration Date** |
| -- | 000 | **-** | -- | MM/YYYY |
| **--** | 000 | **-** | -- | MM/YYYY |
| --. | 000 | **--** | -- | MM/YYYY |

**EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE NEEDED)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Driving** | **Class of Equipment** | **Type of Equipment****Van, Tank, Flat, etc.** | **From** **Dates** | **To** | **Approximate # of Miles (Total)** |
| **Straight Truck** | Enter text | MM/YYYY | MM/YYYY | -- |
|  **Tractor and Semi-Trailer** | Enter text | MM/YYYY | MM/YYYY | -- |
| **Tractor-Multiple Trailers** | Enter text | MM/YYYY | MM/YYYY | -- |
| **Other** | Enter text | MM/YYYY | MM/YYYY | -- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accidents** | **Dates (Last 3 Years)****(List most recent first)** | **Nature of Accident****(head-on, rear end, upset, etc.)** | **Fatalities** | **Injuries** |
| MM/DD/YYYY | Enter text | Enter text | -- |
| MM/DD/YYYY | Enter text | Enter text | -- |
| MM/DD/YYYY | Enter text | Enter text | -- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Convictions****and****Forfeitures** | **Location** | **Date** | **Charge** | **Penalty** |
| Enter text | MM/DD/YYYY | Enter text | Enter text |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

**\*NOTE: USDOT requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the past 10 years: INCLUDE City, State, & Zip Code for all employer addresses.**

**LAST EMPLOYER**

**NAME OF COMPANY:** Click or tap here to enter text. **FROM: MM/YYYY**

**ADDRESS:** Click or tap here to enter text. **TO: MM/YYYY**

**Person to Contact:** Name **Phone:** 000-000-0000**Email:** email

**POSITION HELD:** position **SALARY: $**00**PER** Click or tap here to enter text.

**SUBJECT TO FMCSR's? Y/N WERE YOU SUBJECT TO DOT ALCOLHOL & DRUG TESTING? YIN**

Y/N

Y/N

**REASON FOR LEAVING:** Click or tap here to enter text.

**SECOND LAST EMPLOYER**

**NAME OF COMPANY:** Click or tap here to enter text. **FROM: MM/YYYY**

**ADDRESS:** Click or tap here to enter text. **TO: MM/YYYY**

**Person to Contact:** Name **Phone:** 000-000-0000**Email:** email

Y/N

Y/N

**POSITION HELD:** position **SALARY: $**00**PER** Click or tap here to enter text.

**SUBJECT TO FMCSR's? Y/N WERE YOU SUBJECT TO DOT ALCOLHOL & DRUG TESTING? YIN**

**REASON FOR LEAVING:** Click or tap here to enter text.

**THIRD LAST EMPLOYER**

**NAME OF COMPANY:** Click or tap here to enter text. **FROM: MM/YYYY**

**ADDRESS:** Click or tap here to enter text. **TO: MM/YYYY**

Y/N

**Person to Contact:** Name **Phone:** 000-000-0000**Email:** email

**POSITION HELD:** position **SALARY: $**00**PER** Click or tap here to enter text.

Y/N

Y/N

**SUBJECT TO FMCSR's? Y/N WERE YOU SUBJECT TO DOT ALCOLHOL & DRUG TESTING? YIN**

**REASON FOR LEAVING:** Click or tap here to enter text.

**By signing, I acknowledge 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. I GRANT PERMISSION TO MCE TRANSPORTATION, LLC. TO DO A BACKGROUND CHECK & PULL MY DRIVING RECORD AS REQUIRED BY FMCSR EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

**\*NOTE: USDOT requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the last 10 years:**

**4TH LAST EMPLOYER**

**NAME OF COMPANY:** Click or tap here to enter text. **FROM: MM/YYYY**

**ADDRESS:** Click or tap here to enter text. **TO: MM/YYYY**

**Person to Contact:** Name **Phone:** 000-000-0000**Email:** email

**POSITION HELD:** position **SALARY: $**00**PER** Click or tap here to enter text.

**SUBJECT TO FMCSR's? Y/N WERE YOU SUBJECT TO DOT ALCOLHOL & DRUG TESTING? YIN**

Y/N

Y/N

**REASON FOR LEAVING:** Click or tap here to enter text.

**5TH LAST EMPLOYER**

**NAME OF COMPANY:** Click or tap here to enter text. **FROM: MM/YYYY**

**ADDRESS:** Click or tap here to enter text. **TO: MM/YYYY**

**Person to Contact:** Name **Phone:** 000-000-0000**Email:** email

**POSITION HELD:** position **SALARY: $**00**PER** Click or tap here to enter text.

Y/N

Y/N

**SUBJECT TO FMCSR's? Y/N WERE YOU SUBJECT TO DOT ALCOLHOL & DRUG TESTING? YIN**

**REASON FOR LEAVING:** Click or tap here to enter text.

**6th LAST EMPLOYER**

**NAME OF COMPANY:** Click or tap here to enter text. **FROM: MM/YYYY**

**ADDRESS:** Click or tap here to enter text. **TO: MM/YYYY**

**Person to Contact:** Name **Phone:** 000-000-0000**Email:** email

**POSITION HELD:** position **SALARY: $**00**PER** Click or tap here to enter text.

Y/N

Y/N

**SUBJECT TO FMCSR's? Y/N WERE YOU SUBJECT TO DOT ALCOLHOL & DRUG TESTING? YIN**

**REASON FOR LEAVING:** Click or tap here to enter text.

**By signing, I acknowledge that this application was completed by me and that all entries on it and information in it are true and are completed to the best of my knowledge. I GRANT PERMISSION TO MCE TRANSPORTATION, LLC. TO DO A BACKGROUND CHECK & PULL MY DRIVING RECORDS AS REQUIRED BY FMCSR.** 

MM/DD/YYYY



**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations (49CFR382.413/40.25) requires all persons with applying for a driving position requiring a commercial driver’s license to answer the following information:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES / NO**
2. Did the employee have verified positive drug tests? **YES / NO**
3. Did the employee refuse to be tested? **YES / NO**
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES / NO**
5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **YES / NO**
6. Did a previous employer report a drug and alcohol rule violation to you? **YES / NO**

I have received a copy of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'s controlled substances and (employer) alcohol policies and procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver's Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver's Name (printed)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver Identification**



**Motor Vehicle Driver’s**

**CERTIFICATION OF COMPLIANCE**

# **WITH DRIVER LICENSE REQUIEMENTS**

**MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.**

**The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.**

**DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:**

1. **POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.**
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.**
3. **CDL DOMICILE REQUIREMENT: Section 383.23(a)(2) requires that your commercial driver’s license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.**

**The following license is the only one I possess:**

 **Driver's License No.:** 000 **State:** -- **Exp. Date** 00-0000.

**DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.**

**Driver's Name (Printed):** Click or tap here to enter text.

**Driver's Signature: Date:** 00/00/0000

**PHYSICAL HISTORY**

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Please provide a copy.

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand, or arm? **YES / NO**





**FAIR CREDIT REPORTING ACT DSCLOSURE STATEMENT**

**In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.**

00/00/0000



Print Name: Click or tap here to enter text.

00/00/0000

ACKNOWLEDGMENT AND AUTHORIZATION FOR DOT CHECKS

I am authorizing the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **MCE Transportation, LLC.** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;

2. Verified positive drug tests;

3. Refusals to be tested;

4. Other violations of DOT agency drug and alcohol testing regulations;

5. Information obtained from previous employers of a drug and alcohol rule violation;

6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I also consent to have any legally required notices sent electronically.

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

00/00/0000

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date