

CDL Driver Employment Application

Date:		

COMPLETE ALL PAGES AND SIGN

Name: Last		First			MI
Address:		City:	State	Zip:	
Phone: ()	E-mail Address:		@		
, ,	Position Applied	1	Salam		
SSN: If you have not been at this ac	dress fron	Desired S 1 the last 3	•		
GENERAL					
Fluent in Spanish YES N	o 🔲 Fluent in	English YES 🔲 NO]		
<u> </u>					
Have you ever worked for this	company? YES 🔲 N	o 🔲 If so when?			
,			Position:		
Ave vev en eur em mand 2	If not bourless		a a		
Are you now employed? Who referred you?	if not, now for		te of pay e		
who referred you:		, na	te or pay e	жрестей.	
Do you have the legal right to	work in the United State	<u> </u>		es 🗖 🗈	NO
Are you a citizen of the United		·			10 -
If no, are you authorized to wo			Y		NO 🗖
•					
Have you even been convicted	of a felony?		Y	ES 🔲 N	10
If yes, please explain fully on a all circumstances will be considered.		r. Conviction of a crime i	s not an au	utomatic ba	r to employment –
Is there any reason you might the attached job description)?	be unable to perform th	e functions of the job for	which you	u have appl	ied (as described in
If yes, explain if you wish.					

Work overtime: YES NO Work the following Shifts: Any				Overnight YES NO						
EDUCATION										
Circle Highest Grade Completed	L 2 3 4 5 6 7 8 H	ligh School: 1 2 3 4	Did You Gradu	uate? YES 🔲 NO 🖵						
Last School Attended Name:	l Attended Name: City: State:									
College: 1 2 3 4 Did You Gra	College: 1 2 3 4 Did You Graduate? YES NO Degree:									
Last School Attended (Name)		City		State						
MILITARY SERVICE										
Branch: From:	То: Туре	of Discharge:	Rank a	t Discharge:						
If other than honorable, explain										
LIST THREE PROFESSIONAL REFE	RENCES. (Not rela	itives or former sup	ervisor <u>s</u>)							
Name			Relation	nship						
Company	Phone	: ()	Email:							
Name			Relation	nship						
Company	Phone	: ()	Email:							
Name			Relation	nship						
Company	Phone	: ()	Email:							
PROFESSIONAL CERTIFICATION	& SAFETY CARDS									
Professional Certifications	Latest Certification Date	Professional	Latest Certifications Date							
1.		5.								
2.		6.								

7.

8.

3.

4.

EMPLOYMENT HISTORY

All driver's applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

EMPLOYER

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

			From:		-	То:		
Name			Month Year N		Month	Year		
Address			Position I	Held				
City	State	Zip	Salary/Wages					
Contact Person		Phone #	Reason For Leaving					
Were You Subject to FMCSRs While Employed?								
E	MPLOYER			DA	TE			
			From: To:					
Name			Month	Year	Month	Year		
Address			Position I	Held				
City	State	Zip	Salary/Wages					
Contact Person		Phone #	Reason For Leaving					
Were You Subject to FMCSRs While En Was You Job Designated As A Safety-So Requirements Of 49 CFR Part 40?			ject To The	Drug And Alc	ohol Testin	g		
	EMPLOYER			D	ATE			
				From:		То:		
Name			Month	Year	Month	Year		
Address			Position Held					
City	State	Zip	Salary/Wages					
Contact Person		Phone #	Reason For Leaving					
Were You Subject to FMCSRs While En Was You Job Designated As A Safety-So Requirements Of 49 CFR Part 40?		Dot – Regulated Mode Sub	ject To The	Drug And Alc	ohol Testin	g		

DATE

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE					
			Fre	From: To:				
Name			Month	Month Year Month Ye				
Address			Position H	leld				
City	State	Zip	Salary/Wa	ages				
Contact Person		Phone #	Reason For Leaving					
Were You Subject to FMCSRs While Was You Job Designated As A Safety Requirements Of 49 CFR Part 40?	• •	□ No Pot – Regulated Mode	e Subject To The [Orug And Alc	ohol Testin	g		
	EMPLOYER			D	ATE			
			Fr	om:		То:		
Name			Month	Year	Month	Year		
Address			Position F	Ield				
City	State	Zip	Salary/Wages					
Contact Person		Phone #	Reason For Leaving					
Were You Subject to FMCSRs While Was You Job Designated As A Safety Requirements Of 49 CFR Part 40?	• •	☐ No Pot – Regulated Mode	e Subject To The [Orug And Alc	ohol Testin	g		
	EMPLOYER			D	ATE			
	_		Fre	om:	-	То:		
Name			Month	Year	Month	Year		
Address			Position H	Ield				
City	State	Zip	Salary/Wa	ages				
Contact Person		Phone #	Reason For Leaving					
Were You Subject to FMCSRs While Was You Job Designated As A Safety Requirements Of 49 CFR Part 40?	• •	☐ No Pot – Regulated Mode	e Subject To The [Orug And Alc	ohol Testin	g		
*Includes vehicles having a GVWR driver), or any size vehicle used to The federal Motor Carrier Safety F to transport passengers or proper	transport hazardous mat Regulations apply to anyo	terials in a quantity	requiring placar	ding.		_		

(1) weighs or has a GVWR of 10,001 pounds or more,

- (2) is designed or used to transport more than 8 passengers (including the driver), or
- (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD F	or Past 3 Years	Or More	(Attach S	heet Is More Space Is N	Needed) If Mor	e, Write Nor	ne		
Dates		ture Of A	ccident	Fatalities	Injuries	Hazardous Material Spill			
Last Accident			-						
Next Previous									
Next Previous									
TRAFFIC CONVICTION	IS & Forfeiture	s For The	Past 3 Ye	ars (Other Than Parkin	g Violations))	If None, Writ	te None		
	Location			Date	Char	ge	Penalty		
			(ATTACH	SHEET IF MORE SPACE IS NEED	ED)				
EXPERIENCE AND Q	UALIFICATIO	NS - DRI	VERS List	all driver licenses or p	ermits held in	the past 3 ye	ears		
	Sta	te		License No.	Туре		Expiration Date		
DRIVER									
LICENSES									
B. Has any licen	se, permit or p	rivilege e	ver been	or privilege to operate suspended or revoked ls	?	cie?	☐ YES ☐ NO		
(Required For Comm	nercial Drivers) Date O	f Birth _	1 1	Can You Pro	vide Proof (Of Age?		
DRIVING EXPERIENCE	S Check Yes or	· No							
		6: 1	T 015 : .	Dat	es	Approx No Of Miles			
Class Of	Equipment		Circie	e Type Of Equipment	From(M/Y)	To(M/Y)	(Total)		
Straight Truck	☐ Yes	☐ No	Van Ta	nk Flat Cump Refer					
Tractor And Semi-Trail	ler 🖵 Yes	☐ No	Van Ta	nk Flat Cump Refer					
Tractor- Two Trailers	☐ Yes	☐ No	Van Ta	nk Flat Cump Refer					
Motorcoach – School	Bus 🖵 Yes	☐ No	More T	han 8 Passengers					
Motorcoach – School	Bus 🖵 Yes	☐ No	More T	han 15 Passengers					
Other									
Date CDL was issue	d (required) <u>:</u>								
List States Operated i	n Four Last Fiv	e Years: _							
ON REVERSE OF THE	SHEET LIST:								
(1) Which safe d	riving awards o	do you ho	ld and fro	m whom?					
(2) Show special	courses or tra	ining that	will help	you as a driver					

- (3) Any trucking, transportation or other experience that may help in your work for this company.
- (4) List courses and training other than shown elsewhere in this application.
- (5) List special equipment or technical materials you can work with (not already shown above).

TO BE READ AND SIGNED BY ALL APPLICANT

Disclaimer and Signature

As part of our procedure for processing your employment application, your personal & employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination &/or a drug test, or to sign a conflict of interest agreement & abide by its terms. I understand & agree to the information shown above.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND	THAT	ALL E	NTRIES	ON IT A	ND INI	FORMA	TION IN
IT ARE TRUE AND COMPLETE TO BEST OF MY KNOWLEDGE							
Signature:	Date:		<i></i>				