## DRIVER EMPLOYMENT APPLICATION

An Equal Opportunity Employer



COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

DATE OF BIRTH  DATE OF APPLICATION  POSITION APPLIED FOR  DO you have legal right to work in the United States?  PREVIOUS THREE YEARS RESIDENCY  Attach additional sheet if more space is needed  CITY  STATE  CODE  # OF YEAR AT ADDRE  CURRENT  MAILING  PREVIOUS  PREVIOUS  PREVIOUS  LICENSE INFORMATION  No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.					A	PPLICANT IN	NFORMATI	ON					
DATE OF BIRTH  SOCIAL SECURITY #  DATE OF BIRTH  SOCIAL SECURITY #  DATE OF BIRTH  SOCIAL SECURITY #  DATE AVAILABLE FOR WORK  PREVIOUS THREE YEARS RESIDENCY  Attach additional sheet if more space is needed  STREET  CITY  STATE  CURRENT  MAILING  PREVIOUS  PREVIOUS  PREVIOUS  PREVIOUS  PREVIOUS  PREVIOUS  PREVIOUS  BREVIOUS  PREVIOUS  PREVIOUS	FIRST NAM	F											
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PREVOIUSLY HELD LICENSES	STATE	LICENSI	E #		TYPE/CL	ASS		ENDORSE	EMENTS				
PREVOIUSLY HELD LICENSES													
		I			Р	REVOIUSLY H	HELD LICENS	ES					

	DRIVING EXPE	RIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)		DATE FROM	DATE TO		APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK						
TRACTOR & SEMI-TRAILER						
TRACTOR & 2 TRAILERS						
TRACTOR & TANKER						
OTHER			(F. 100			
	ACCIDENT RECORD FOR  Attach additional sheet if more space is		_	]		
DATES (List most recent first)		caca. circo	# FATA		NJURIES	CHEMICAL SPILLS (Y/N)
	TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PA	ST 3 YEARS (C	OTHER THAN PARKII	NG VIOLAT	ΓIONS)	
	Attach additional sheet if more space is	needed. Chec	k this box if none	]		
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited b	ond, collate	eral and/or	points)
Have expla	you ever been denied a license, permit, or privilege to	o operate a r	notor vehicle?	] YES □ I	NO If yes	5,
	ny license, permit, or privilege ever been suspended or explain	r revoked?		[	□ YES □	] NO

## **EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).* Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER									
NAME		PHONE							
ADDRESS									
POSITION HELD	FROM MO/YR		TO MO/YR						
REASON FOR LEAVING			SALARY						
EXPLAIN ANY GAPS IN EMPLOYMENT (Include			JALANI	<u> </u>					
month/year & reason)									
While employed he ☐ YES ☐ NO	ere, were you subject to the Federal Motor Carrier Sa	afety Regulations?							
mode subject to ald	cohol and controlled substances testing as required b	oy 49 CFR, part 40?							

SECOND (MO	ST RECENT)	) EN	PLOYER							
NAME			PHONE							
IVAIVIE			THONE							
ADDRESS			FROM		то					
POSITION HEL	.D		MO/YR		MO/YR					
REASON FOR	LEAVING				SALARY					
EMPLOYMEN <sup>*</sup>	EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)									
		e,	vere you subject to the Federal Motor Carrier Safety Regulation	ns?		☐ YES ☐ NO				
			as a safety-sensitive function in any Department of Transporta I and controlled substances testing as required by 49 CFR, part		ulated	□ YES □ NO				
			2.202							
THIRD (MC	OST RECENT	) EN	PLOYER							
NAME			PHONE							
ADDRESS										
			FROM MO/YR		TO MO/YR					
POSITION F	HELD		IWO/TK		IVIO/TK					
REASON FO	OR LEAVING	i			SALARY					
EXPLAIN AN EMPLOYMI month/yea	ENT (Include	е								
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?										
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?										

High School College Other  TO BE READ AND SIGNED BY APPLICANT  I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.  I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:  Review information provided by current/previous employers;  Have errors in the information corrected by previous employers, and for those previous employers to resend 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.  This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.  OTHER QUALIFICATIONS				EDUCATION				
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Applicant Name (printed)  OTHER QUALIFICATIONS	Applicant Sign	ature			Dat	:e		
lease list any other qualifications that you have and which you believe should be considered.				OTHER QUALIFICATIONS				
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