

# DRIVER APPLICATION FORM

## Braun Equipment, Inc.

### TO BE READ BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, 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 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"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 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 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."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Date of Birth

Address: \_\_\_\_\_  
Street City State Zip Number of Years

Past 3 Year Residency \_\_\_\_\_  
Street City State Zip Number of Years

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Number of Years

### Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven commercial vehicle seven years prior to the initial three years (total of ten-year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the federal Motor Carrier Safety Regulations\*\* while employer? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include date (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the federal Motor Carrier Safety Regulations\*\* while employer? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include date (month/year) and reason \_\_\_\_\_

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the federal Motor Carrier Safety Regulations\*\* while employer? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include date (month/year) and reason \_\_\_\_\_

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

\*\* 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 more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring is not used to transport passengers for compensation; (4) is of any size and is used to transport hazardous materials in quantity requiring placarding.

## **EXPERIENCE AND QUALIFICATION**

Attach separate sheet if more space is needed

### **Driving Experience**

If no driving experience within the last 3 years – check here ☐

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	Dates		Approx. # of Miles
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	OR _____ _____ _____ _____ _____ _____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	
Tractor - Two Trailers	Van, Reefer, Tank, Flat	_____	_____	
Tractor - Three Trailers	Van, Reefer, Tank, Flat	_____	_____	
Motorcoach - School Bus (Over 8 Passengers)	N/A	_____	_____	
Motorcoach - School Bus (Over 15 Passengers)	N/A	_____	_____	
Other: _____	Van, Reefer, Tank, Flat	_____	_____	

### **Accident History (3 Years)**

If no accident within the last 3 years - Check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### **Traffic Convictions and Forfeitures (3 years)**

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (month/year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLTION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

### **License information**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		

### **Applicant Certification**

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\*Completed by Employer\*\***

Application Reviewed by: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Discharge Date: \_\_\_\_\_