



Employment Application – Driver

Date: _____

Applicant Information					
Full Name:					
Last		First		M.I.	
Address:					
Street Address				Apartment/Unit #	
City		State		ZIP Code	
Home Phone:		Email:			
Cell Phone:					
Emergency Contact Information (Name):					
Relationship to you:		Phone Number:			
Position Applied For					
Position Desired:				Desired Salary:	
Type of Employment desired:		Full time ☐ Part time ☐ Temporary ☐			
Available days / hours				Are you able to TRAVEL? ☐ YES ☐ NO	
Are you available for over time?		YES ☐ NO ☐			
Are you over age 18?		YES ☐ NO ☐			
Are you able to perform the essential functions of the job for which you are applying? YES ☐ NO ☐					
If no, please describe functions that cannot be performed:					
Date Available to start:		Social Security No.:		Date of Birth:	
Driver's License #		State:		Expiration Date:	
Is license current? YES ☐ NO ☐		Do you have a CDL? YES ☐ NO ☐			
Have you ever been denied a license or permit to operate a motor vehicle? YES ☐ NO ☐					
Has any License or permit ever been suspended or revoked? YES ☐ NO ☐					
Explain any Yes answer:					
Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐					
How were you referred to us?		Advertisement ☐ Employee ☐ Employment Agency ☐ Walk-in ☐ Other ☐			
Do you have any relatives or friends employed by this company?		YES ☐ NO ☐		Relationship/ Name	
Have you ever been convicted OR currently have pending, a criminal felony?					
YES ☐ NO ☐					
*An affirmative answer will not necessarily result in disqualification for employment *					
If yes, explain:					

DRIVER APPLICATION

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The Following 5 questions are Optional:

Do you belong to a Union?		☐ Yes	☐ No	If so, which one?	
Are you a Veteran?	☐ Yes	☐ No	Disabled?	☐ Yes	☐ No
			Vietnam?	☐ Yes	☐ No
Have you obtained any skills or abilities as the result of service in the military?			☐ Yes	☐ No	
If Yes, please describe:					

Education							
High School:				Address:			
From:		To:		Did you graduate?	☐ YES	☐ NO	Diploma:
					☐	☐	
College:				Address:			
From:		To:		Did you graduate?	☐ YES	☐ NO	Degree:
					☐	☐	
Other:				Address:			
From:		To:		YES	NO	Degree:	
				☐	☐		

Skills	
Do you speak, write or understand any foreign language ☐ Yes ☐ No	
If yes, which language(s)?	
Can you Operate a Computer? ☐ Yes ☐ No	
Types of Software:	
List other office machines you can operate:	
Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?	
ANSWER THE FOLLOWING IF YOU ARE APPLYING FOR A LICENSED OR CERTIFIED POSITION:	
Are you licensed/certified for the position applied for? ☐ YES ☐ NO Issuing State:	
Name of License / Certification:	
License/ Certification Number:	
Has this license/certification ever been revoked or suspended? ☐ YES ☐ NO	
If yes please explain?	

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11 Lamb Lane
Grangeville, ID 83530

solidground@cookandsonsconstruction.com

FAX (208)983-6037

Previous Employment

Please account for all employment within the last five (5) years, beginning with your current or more recent employer. In addition, please indicate any other experience that you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over five (5) years prior, etc.). Attach an additional sheet if extra space is needed.

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:\$	Ending Salary:\$	
Specific Duties:			
From:	To:	Reason for Leaving:	
What is the most important skill you demonstrated on the job?			
May we contact this supervisor for a reference?		YES ☐	NO ☐
Is this your current employer?		YES ☐	NO ☐
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:\$	Ending Salary:\$	
Specific Duties:			
From:	To:	Reason for Leaving:	
What is the most important skill you demonstrated on the job?			
May we contact this supervisor for a reference?		YES ☐	NO ☐
Is this your current employer?		YES ☐	NO ☐
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:\$	Ending Salary:\$	
Specific Duties:			
From:	To:	Reason for Leaving:	
What is the most important skill you demonstrated on the job?			
May we contact this supervisor for a reference?		YES ☐	NO ☐
Is this your current employer?		YES ☐	NO ☐

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EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVING EXPERIENCE

NOTE: DOT Requires that employment for at least 3 years and/or Commercial Driving experience for the Past 10 years be shown.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH EXTRA SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT DATE			
NEXT PREVIOUS DATE			
NEXT PREVIOUS DATE			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

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References

Please list three professional/ personal references – at least 2 NOT related to you

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Disclaimer and Signature

(Initial each numbered item as read)

1.	The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.
2.	I authorized all the schools, persons and organizations named in this application to provide all relevant information in their possession or knowledge to the agents of the company, for use in deciding whether or not to offer me employment and specifically waive any required notification. I hereby release the Company, my former employers and all other persons from any claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3.	I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
4.	I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, expressed or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
5.	I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing four (4) statements.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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RELEASE OF DRIVING RECORD INFORMATION

The undersigned employee/prospective employee (please print):

Hereby requests Farm Bureau Insurance Company to release a copy of my driving record to Cook & Sons Construction, LLC. For purposes of verifying the accuracy of same.

NAME (exactly as shown on Driver License)

Date of Birth: _____

Driver License Number _____

State of Issue _____

Sign: _____

Please print name here: _____

Date: _____

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**FAX COMMUNICATION (FMCSA)
REQUEST FOR PAST (3-YR) DRUG & ALCOHOL INFORMATION**

The following information must be obtained within 30 days of when the driver's employment begins

FROM:

Contact Person:

Phone:

Date: _____

Failure to respond to this inquiry will result in our reporting of Non-Compliance to DOT (40.25) (H)

TO: (Company Name: _____ Contact: _____
Address: _____ Phone: _____
Fax: _____ Email: _____
_____, Social Security# _____

(Prospective Employee)

Has applied to this company for the purpose of being hired to operate a commercial vehicle. On our application he/she has listed your company as an employer he/she has worked for within the past three (3) years as a commercial vehicle driver.

As required by the DOT 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

We are requesting that you provide us the following information as soon as possible

(Please circle the applicable answers):

1. Has the above person ever tested positive for controlled substance in the last three (3) years? YES NO
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three (3) years? YES NO
3. Has this person ever refused a required test for drugs or alcohol in the last three (3) years? YES NO

*****If the answer to any of the above is yes, please call before faxing this reply*****

Previous Employer Contact (Signature) _____ Date _____

The following release will facilitate your response to this request. The nature of this request is urgent and I would request that this response be faxed directly to my attention. Thank you for your quick response regarding the above information.

Company Inquiring Representative (Signature) Date

CONSENT & RELEASE OF ALCOHOL & CONTROLLED SUBSTANCES TESTING

Print Name: _____ Date: _____

I consent to the release of the above information regarding any drug & alcohol test results performed during my employment with your company.

Prospective Employee (Signature) _____

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**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to Cook and Sons Construction, LLC (Cook and Sons) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Cook and Sons indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Cook and Sons without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Cook and Sons to conduct a limited query of the Clearinghouse, Cook and Sons must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____/_____
Print Name/ Date

Employee Signature

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