



# Driver's Application For Employment

Applicant Name: \_\_\_\_\_ (please print) Date Of Application: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In compliance with federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY THE 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 of 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, also, that I have the right to:

- Review information provided by 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: \_\_\_\_\_

### FOR COMPANY USE

#### Process Record

Applicant Hired: \_\_\_\_\_ Rejected: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Point Employed: \_\_\_\_\_

Department: \_\_\_\_\_ Classification: \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

Signature of Interviewing Officer: \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated: \_\_\_\_\_ Department Released From: \_\_\_\_\_

Dismissed  Voluntarily Quit Other: \_\_\_\_\_

Termination Report Placed In File: \_\_\_\_\_ Supervisor: \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  

Last
First
Middle

List your addresses of residency for the past 3 years.

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

Street
City
  
 \_\_\_\_\_  

State
Zip Code
Phone
How Long? (month/year)
  
 \_\_\_\_\_  

Street
City
State & Zip Code
How Long? (month/year)
  
 \_\_\_\_\_  
 Previous Addresses: \_\_\_\_\_  

Street
City
State & Zip Code
How Long? (month/year)
  
 \_\_\_\_\_  

Street
City
State & Zip Code
How Long? (month/year)
  
 \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Can you provide proof of your age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you now employed?  YES  NO If NO, how long since last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company: \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony?  YES  NO If YES, please explain fully on a separate sheet of paper.

**Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.**

Is there any reason you might be unable to perform the functions of the job for which you have applied?  YES  NO

If YES, explain if you wish: \_\_\_\_\_

## Employment History

All driver 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.

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

EMPLOYER	DATE	
NAME:	FROM Mo. Yr.	TO Mo. Yr.
ADDRESS:	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> while you were employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER	DATE	
NAME:	FROM Mo. Yr.	TO Mo. Yr.
ADDRESS:	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> while you were employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Employment History (continued)**

EMPLOYER			DATE	
NAME:			FROM Mo.      Yr.	TO Mo.      Yr.
ADDRESS:			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> while you were employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> 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?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME:			FROM Mo.      Yr.	TO Mo.      Yr.
ADDRESS:			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> while you were employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> 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?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME:			FROM Mo.      Yr.	TO Mo.      Yr.
ADDRESS:			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> while you were employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> 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?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME:			FROM Mo.      Yr.	TO Mo.      Yr.
ADDRESS:			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> while you were employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> 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?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
				FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – TWO TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – THREE TRAILERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____			
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO		More than 8 passengers		
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____			
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	More than 15 passengers			
OTHER:						

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

B. Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE ON THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or part, at any time."

"I understand that this application will be kept for 180 days from the date completed, after which time I would have to re-apply in accordance with established company procedures."

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