

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*(Answer all questions – please print)*

*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, martial status, or non-job related disability.*

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

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

Date \_\_\_\_\_

Email Address \_\_\_\_\_

List your address of residency for the **past 3 years**.

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Previous Addresses

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long? \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Can you provide proof of this 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? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

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

Is there **any reason** you might be unable to perform the functions of the job for which you have applied for? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

**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)**

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                          No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                          No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                          No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

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

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                                  No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                                  No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                                  No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

Employer	Date
Name:	From Mo.      Yr.      to Mo.      Yr.
Address:	Position held
City                                  State      Zip	Salary/Wage
Contact person                          Phone	Reason for leaving
I was subject to FMCSA Regulations while employed here? Yes                                  No	I was held a safety sensitive function that required DOT Drug & Alcohol testing as required by 49 CFR Part 40?    Yes      No

Accident record for the 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
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

Have you ever been convicted of a crime other than petty traffic offenses? Yes No **(Circle One)**

The existence of a criminal record will not necessarily bar an applicant from employment

If yes, please describe fully: \_\_\_\_\_

**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

**Experience & Qualifications – Drivers**

Drivers Licenses			
State	License No.	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 A or B is Yes, attach a statement giving details

**Driving Experience: if none, write none**

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. # of miles. Total
		From	To	
Straight Truck				
Tractor & Semi-Tractor				
Tractor – Two Trailers				
Motor coach - School bus				
Other				

List states operated in for the last 5 years \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Experience and Qualifications – other**

Show any trucking, transportation or other experience that may help you in your work for this company.

List courses and training other than show elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

**To be read and signed by applicant**

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. I authorize you to make such investigations and inquire of my persona, 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 personas from all liability in responding to inquiries and releasing information in connections with my application. I understand that information I provided regarding current and/or previous employers may be used, and required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

\*Review information provided by pervious 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 employ(s) and I cannot agree on the accuracy of the information

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.

Applicants signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_