

DRIVER EMPLOYMENT APPLICATION

Petra Transport, LLC
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COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

APPLICANT INFORMATION					
FIRST NAME	outlook	MIDDLE NAME		LAST NAME	
PHONE			EMAIL		
DATE OF BIRTH			SOCIAL SECURITY #		
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal rights to work in the United States ? Yes ☐ No ☐

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
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 the which is listed below. include all licenses held for the past 3 years; attach additional sheets if needed				
STATE	LICENSE#	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE				
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				

ACCIDENT RECORD FOR THE PAST 3 YEARSAttach additional sheet if more space is needed. check the box if none ☐

DATE (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)Attach additional sheet if more space is needed. check the box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VILATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle ? Yes ☐ No ☐

if yes, explain

Has any license, permit, or privilege ever been suspended or revoked ? Yes ☐ No ☐

if yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicant 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 (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 (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 MO/YR & reason)	

While employed there, were you subject to the Federal Motor Carrier Safety Regulations? Yes ☐ No ☐

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? Yes ☐ No ☐

SECOND (MOST RECENT) EMPLOYER

NAME			PHONE		
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING			SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include MO/YR & reason)					

While employed there, were you subject to the Federal Motor Carrier Safety Regulations? Yes ☐ No ☐

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? Yes ☐ No ☐

THIRD (MOST RECENT) EMPLOYER

NAME			PHONE		
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING			SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include MO/YR & reason)					

While employed there, were you subject to the Federal Motor Carrier Safety Regulations? Yes ☐ No ☐

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? Yes ☐ No ☐

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEAR COMPLETED	GRADUATE Y	N	DETAILS
High School				<input type="radio"/>	<input type="radio"/>	
College				<input type="radio"/>	<input type="radio"/>	
Other				<input type="radio"/>	<input type="radio"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered

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Have you been convicted of a crime in the past 10 Years? If so, please explain (attach separate page if necessary) Yes ☐ No ☐

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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/prior 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.

Applicant NAME (printed)			
Applicant Signature		DATE	