

## APPLICATION FOR EMPLOYMENT

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

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

Applicant's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### CURRENT/PREVIOUS ADDRESSES (Must Be Listed For Past 3 Years)

City:	State:	Zip:
Phone Number:	How Long?	
Previous Address:		
City:	State:	Zip:
Phone Number:	How Long?	
Previous Address:		
City:	State:	Zip:
Phone Number:	How Long?	

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

Position Applied for?

### DRIVER LICENSE HISTORY (Must list any license you had for the previous 3 years in all states)

Driver's Licenses	State	License #:	Class	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Has any license, permit or privilege ever been suspended or revoked:

Note: If the answer is yes to either question, then you must attach a sheet explaining the details.

### DRIVING EXPERIENCE (if none, write none)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. Mileage (total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Two Trailers				
Motor Coach/School Bus				
Other				

## **Employment History**

All driver applicants that are applying to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, city, state, zip, phone, and fax number.

All driver applicants that are applying to drive in intrastate or interstate commerce who have operated a commercial motor vehicle with a previous employer, shall also provide an additional 7 years information on previous employers for whom the applicant operated such vehicle. (Please be sure to list employers in reverse order starting with the most recent. Add another sheet as necessary).

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
•				
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?

Were you subject to the FMCSR's while you where employed?

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
•				
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?

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Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
•				
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?

Were you subject to the FMCSR's while you where employed?

Employer			Date	
Name:			From (mm,yy)	To (mm,yy)
Address:			Position Held	
•				
City:	State:	Zip:	Salary (wage)	
Contact Person:	Phone:	Fax:	Reason for Leaving:	

Was this job designated as a safety-sensitive function in *any* DOT regulated mode subject to drug & alcohol testing requirements as required by 49 CFR Part 40?

Were you subject to the FMCSR's while you where employed?

## **ACCIDENTS AND VIOLATIONS**

**ACCIDENT RECORD** for the past 3 years or more (attach sheet if necessary, if none, write NONE)

Dates	Nature of Accident (Head-on, rear end, rollover, etc.)	# of Fatalities	# of Injuries

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations. If none, write NONE)

Location	Date	Charge	Penalty

(Attach additional sheet if necessary)

### **TO BE READ AND SIGNED BY APPLICANT**

Per FMCSR Section 391.23(i)(1), ( ) hereby expressly notifies you that you have the right to review information provided by previous employers. You also have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer. Lastly, you have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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 ( ) to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as 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, healthcare providers and other persons from all liability in responding to the releasing information in connection with my applications. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I agree to abide by all rules and regulations of ( ).

\_\_\_\_\_  
Application Date

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