

DRIVER'S APPLICATION FOR EMPLOYMENT

DQF
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COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

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

APPLICANT'S NAME _____ DATE _____

POSITION APPLIED FOR _____

CURRENT ADDRESS _____

I AM GIVING AUTHORIZATION FOR THE EMPLOYER LISTED ABOVE TO INQUIRE AND INVESTIGATE MY PERSONAL, EMPLOYMENT, FINANCIAL AND MEDICAL HISTORY IN REGARDS TO MY EMPLOYMENT STATUS. I RELEASE ANY PREVIOUS EMPLOYER, SCHOOL, AND HEALTHCARE FACILITY FROM ALL LIABILITY DURING THE RELEASE OF MY INFORMATION IN REGARDS TO MY APPLICATION.

SIGNATURE _____ DATE _____

Previous Addresses for Last Three Years			
Street	City	State/Zip	Length

DATE OF BIRTH _____ TELEPHONE (_____) _____ SOCIAL SECURITY _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? [] YES [] NO

IF YES, WHEN? _____ REASON FOR LEAVING _____

HOW DID YOU HEAR OF THIS POSITION? _____

THIS FORM IS MADE AVAILABLE WITH THE UNDERSTANDING THAT CNS TRUCK LICENSING IS NOT ENGAGED IN RENDERING LEGAL, ACCOUNTING, OR OTHER PROFESSIONAL SERVICES. CNS TRUCK LICENSING ASSUMES NO RESPONSIBILITY FOR THE USE OF THIS FORM, OR ANY DECISION MADE BY AN EMPLOYER WHICH MAY VIOLATE LOCAL, STATE, OR FEDERAL LAWS.

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RATE OF PAY EXPECTED _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN 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 WON'T BE ABLE TO PERFORM THE FUNCTIONS OF THE JOB WHICH YOU HAVE APPLIED [AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION] IF YES, EXPLAIN IF YOU WISH.

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?[] YES [] NO	
WAS YOUR POSITION SAFETY SENSITIVE REQUIRING PART 40 DRUG AND ALCOHOL TESTING? [] YES [] NO	

EMPLOYER	DATE
NAME	FROM: TO:
ADDRESS	POSITION HELD:
CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?[] YES [] NO	
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ACCIDENT RECORD

PLEASE LIST THE PAST 3 YEARS OR MORE. IF ZERO, WRITE "NONE"

DATE	TYPE OF ACCIDENT	FATALITIES	INJURIES	HAZMAT SPILL

VIOLATION RECORD

PLEASE LIST THE PAST 3 YEARS OF CONVICTION OR FORFEITURES. IF ZERO, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

DRIVER EXPERIENCE AND QUALIFICATIONS

PLEASE LIST ALL LICENSES AND PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE TYPE	CLASS/ENDORSEMENTS	EXPIRATION DATE

PLEASE LIST BELOW IF YOU HAVE BEEN DENIED A LICENSE, PRIVILEGE OR PERMIT TO OPERATE A MOTOR VEHICLE OR HAS BEEN SUSPENDED OR REVOKED.

☐ CHECK IF YOU HAVEN'T BEEN DENIED

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DRIVING EXPERIENCE CHECK LIST

CLASS OF EQUIPMENT	TYPE (VAN,TANK,FLAT,DUMP,REFER)	YEARS	MILES DRIVEN
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES [] NO			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THEN 8 PASSENGERS			
MOTORCOACH- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO MORE THEN 15 PASSENGERS			
OTHER _____			

PLEASE LIST ANY TRANSPORTATION EXPERIENCE THAT MAY HELP YOU WITH YOUR WORK.

LIST HIGHEST LEVEL OF EDUCATION COMPLETED

LAST SCHOOL ATTENDED AND ADDRESS

APPLICANT AGREEMENT

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.

SIGNATURE: _____ DATE: _____

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Additional Employment History (If needed)

EMPLOYER	DATE
NAME	FROM: TO:
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CITY STATE ZIP	SALARY:
CONTACT PERSON PHONE	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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