

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

DRIVER EMPLOYMENT APPLICATION

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL]
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

DRIVER INFORMATION								
FIRST NAME			MIDDLE NAME			LAST NAME		
SSN			DATE OF BIRTH			PHONE NUMBER		
CELL NUMBER			ADDRESS					
CITY		STATE		ZIP CODE		NUMBER OF YEARS AT PRESENT ADDRESS		

EMPLOYMENT DESIRED								
POSITION DESIRED			DATE AVAILABLE			SALARY DESIRED		

AVAILABLE TO WORK

Full Time YES NO Part Time YES NO Weekends YES NO Overtime YES NO

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants 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 seven (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, and work backwards (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											
COMPANY NAME							PHONE NUMBER				
ADDRESS											
CITY		STATE		ZIP CODE		FROM MO/YR		TO MO/YR			
JOB TITLE - START						JOB TITLE - TITLE				BASE RATE OF PAY	
BASE RATE OF PAY - FINAL						SUPERVISOR NAME				SUPERVISOR TITLE	
DESCRIPTION OF JOB DUTIES											
REASON FOR LEAVING											

Were you subject to the Federal Motor Carrier Safety Regulations at this job?	YES	NO
Was this job designated as a "Safety Sensitive" function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR Part 40?	YES	NO

SECOND (MOST RECENT) EMPLOYER										
COMPANY NAME						PHONE NUMBER				
ADDRESS										
CITY		STATE		ZIP CODE		FROM MO/YR		TO MO/YR		
JOB TITLE - START					JOB TITLE - TITLE				BASE RATE OF PAY	
BASE RATE OF PAY - FINAL					SUPERVISOR NAME				SUPERVISOR TITLE	
DESCRIPTION OF JOB DUTIES										
REASON FOR LEAVING										

Were you subject to the Federal Motor Carrier Safety Regulations at this job?		YES	NO
Was this job designated as a "Safety Sensitive" function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR Part 40?		YES	NO

THIRD (MOST RECENT) EMPLOYER										
COMPANY NAME						PHONE NUMBER				
ADDRESS										
CITY		STATE		ZIP CODE		FROM MO/YR		TO MO/YR		
JOB TITLE - START					JOB TITLE - TITLE				BASE RATE OF PAY	
BASE RATE OF PAY - FINAL					SUPERVISOR NAME				SUPERVISOR TITLE	
DESCRIPTION OF JOB DUTIES										
REASON FOR LEAVING										

Were you subject to the Federal Motor Carrier Safety Regulations at this job?		YES	NO
Was this job designated as a "Safety Sensitive" function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR Part 40?		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					

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES

TRAFFIC CONVICTIONS AND BOND OR COLLATERAL FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY (Forfeited bond, collateral and/or points)

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N	DETAILS
High School					
College					
Other					

OTHER QUALIFICATIONS

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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 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
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)

TO BE READ AND SIGNED BY APPLICANT			
<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>			
Applicant Signature		Date	
Applicant Name (printed)			