

Driver Application for Employment

Company: _____ Address: _____
City/State/Zip code: _____

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by CFR 391.23 (d) and (e). I understand I have the right to:

- Review information provided by previous 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 employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

Name: _____
First Middle Maiden, if any Last

Address: _____
Street City State Zip

Telephone Number: _____

(Attach additional sheet if necessary)

Experience and Qualifications-Driver

Drivers Licenses	State	License No.	Type & Endorsements	Expiration Date

Driving Experience

Class of Equipment:	Equipment Type (van, tank, flatbed, etc.)	Dates (from)	Dates (to)	Approx. # of Miles (total)
Straight truck				
Tractor & semi trailer				
Tractor-Two trailers				
Other				

Accident record for past three years
(attach additional sheet if necessary)

Dates	Nature of accident	Fatalities	Injuries
Last Accident			
Next Accident			
Next Previous			

Traffic convictions (other than parking violations) and forfeitures for the past three years

(Attach additional sheet if more space is needed)

Location	Date	Charge	Penalty

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, revoked, or denied? Yes ☐ No ☐

If the answer to either A or B is yes, explain: (Attach additional sheet if necessary)

Employment Record (Attach additional sheet(s) if more space is needed)

You are required to give all employment information for at least three years.

If you are applying for a position that requires a CDL you will need to list all employment where you operated vehicles requiring a CDL for the past ten years

Last Employer

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates: _____
from to

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ☐ No ☐

Were you subject to controlled substance & alcohol testing under 49 CFR

Parts 40 382 while employed here? Yes ☐ No ☐

Employer

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates: _____
from to

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ☐ No ☐

Were you subject to controlled substance & alcohol testing under 49 CFR

Parts 40 382 while employed here? Yes ☐ No ☐

Employer

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates: _____
from to

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ☐ No ☐

Were you subject to controlled substance & alcohol testing under 49 CFR

Parts 40 382 while employed here? Yes ☐ No ☐

Employer

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates: _____

from to

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ☐ No ☐

Were you subject to controlled substance & alcohol testing under 49 CFR

Parts 40 382 while employed here? Yes ☐ No ☐

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.

Date: _____

Signature: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulations.

OFFICE USE ONLY

Arrange Interview: ☐ Yes ☐ No Date: _____

Remarks:

Approved By: ☐ Yes ☐ No Date: _____

By: _____

Section 604 “(b) of FCRA Provides Conditions for Furnishing and Using Consumer Reports for Employment Purposes.

Print Name: _____

First	Middle	Last
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Social Security #: _____ - _____ - _____

Date of Birth: _____/_____/_____

Driver License #: _____ - _____

Current Address:

Street	City	State	Zip
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Current County of Residence: _____

Previous Address:

Street	City	State	Zip
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List All States That You Have Resided In:

SIGNATURE

DATE _____

The EEOC states for the purpose of pre-employment inquiries, under the Age Discrimination in Employment act of 1967, section 1625.6, “A request on the part of an employer for information such as ‘DATE OF BIRTH’ or ‘STATE AGE’ on an employment application form is not, in itself, a violation of the act.”

APPLICANT AVAILABILITY SCHEDULE(PRE-EMPLOYMENT)

Company: _____

Employee Name: _____

Position: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

The company will honor the schedule above to the best of its ability. Scheduling may change due to the change in customer needs as well as the needs of the company. Please be aware that this schedule may be subject to change.

Employee Signature

Date

Supervisor's Name

Supervisor's Signature