

DRIVER'S APPLICATION FOR EMPLOYMENT

Name: _____
(First) (Middle) (Last)

Address: _____

City, State, Zip Code: _____ How Long: _____

Date of Birth: _____ Social Sec. No.: _____ Tele.: _____

ADDITIONAL ADDRESSES FOR PAST THREE YEARS
(Attach an additional sheet if more space is needed)

Address: _____ How Long: _____
(Street) (City) (State) (Zip)

Address: _____ How Long: _____
(Street) (City) (State) (Zip)

Address: _____ How Long: _____
(Street) (City) (State) (Zip)

Address: _____ How Long: _____
(Street) (City) (State) (Zip)

Have you been employed by this company before? No: _____ If Yes: _____ When: _____ Where: _____

EXPERIENCE AND QUALIFICATIONS

DRIVING EXPERIENCE
(Attach an additional sheet if more space is needed)

TYPE OF EQUIPMENT (TRUCK, TRUCK TRACTOR, SEMITRAILER, BUS, ETC.,)	DATES		APPROXIMATE NO. OF MILES (TOTAL)
	FROM	TO	

DRIVER'S LICENSE INFORMATION

(List all driver's licenses you have held for the last three years, starting with your current license first.)

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

X: I certify that I possess only one motor vehicle operator's license: _____
 (Applicant's Signature)

ACCIDENT RECORDS FOR PAST 3 YEARS

(Attach an additional sheet if more space is needed)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS,
 OTHER THAN PARKING VIOLATIONS.**

(Attach an additional sheet if more space is needed)

LOCATION	DATE	CHARGE	PENALTY

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

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

If the answer to either question is Yes, explain. _____

EMPLOYMENT RECORD

USDOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL
VEHICLE DRIVING EXPERIENCE FOR THE PAST **10 YEARS** BE SHOWN

Last Employer:

Name _____
Address _____
Telephone # _____ FAX # _____
Position held _____ From _____ To _____
Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations at this position? Yes ___ No ___
Was this position designated as a safety sensitive function regulated by USDOT
and subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes ___ No ___

Next Last Employer:

Name _____
Address _____
Telephone # _____ FAX # _____
Position held _____ From _____ To _____
Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations at this position? Yes ___ No ___
Was this position designated as a safety sensitive function regulated by USDOT
and subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes ___ No ___

Next Last Employer:

Name _____
Address _____
Telephone # _____ FAX # _____
Position held _____ From _____ To _____
Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations at this position? Yes ___ No ___
Was this position designated as a safety sensitive function regulated by USDOT
and subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes ___ No ___

Next Last Employer:

Name _____
Address _____
Telephone # _____ FAX # _____
Position held _____ From _____ To _____
Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations at this position? Yes ___ No ___
Was this position designated as a safety sensitive function regulated by USDOT
and subject to alcohol and controlled substances testing as required by 49 CFR part 40? Yes ___ No ___

STATEMENT OF DUE PROCESS RIGHTS FOR CERTAIN DRIVER APPLICANTS

Driver applicants with United States Department of Transportation regulated employment during the preceding three years are advised that he or she has the following rights regarding the safety performance history investigative information that will be provided to this company from previous employers:

- The right to review information provided by previous employers (which may be done at any time, including when applying, or as late as 30 days after);
- 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 this company;
- 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.

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. Driver applicants are duly informed that the information he/she provides with regard to previous employment may be used and prior employers will be contacted for the purpose of investigating the applicant's safety performance history information as required by §391.21 and §391.23 of the Federal Motor Carrier Safety Regulations.

X:

(Applicant's Signature)

(Date)