



Driver Application

Print Name _____ Date of Application _____

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

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be 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, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be conducted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d and e).

I understand that 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 resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

Signature	Date
FOR COMPANY USE	
Applicant Hired	Rejected
Date Employed	Company Employed
Department	Classification
Signature of Interviewing Officer	

APPLICANT TO COMPLETE

Position(s) Applied for _____
Name _____

_____ Last _____ First _____ Middle _____

Social Security Number _____

Would you be willing to work night shift? Yes No _____

Would you be willing to work weekends? Yes No _____

List you addresses of residency for the past 3 years

Current Address

_____ Street _____ City _____

_____ State _____ Zip _____ Phone _____ How Long _____

Previous Address

_____ Street _____ City _____

_____ State _____ Zip _____ Phone _____ How Long _____

Previous Address

_____ Street _____ City _____

_____ State _____ Zip _____ Phone _____ How Long _____

Previous Address

_____ Street _____ City _____

_____ State _____ Zip _____ Phone _____ How Long _____

Do you have the legal right to work in the United States? Yes No

Date of birth _____ Can you provide proof of age _____

Have you worked for us before? _____ Where? _____

Dates: From _____ To: _____ Position _____

Pay Rate _____

Reason For Leaving _____

Are you now employed? _____

If not how long since leaving last employment _____

Who referred you _____ Rate of pay expected _____

Is ther any reason you might be unable to perform functions of the job for which you have

applied for? _____

If Yes, explain if you wish

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

EMPLOYMENT HISTORY CONTINUED

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Employer

Name _____

Address _____

City _____ State _____ ZIP _____

Date To-From _____ Position Held _____ Wage _____

Reason for leaving _____

Contact Person _____

Were you subject to FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

Accident record for the past 3 years or more (Attach Sheet if more space is needed) If none write none

Dates	Nature of Accident	Fatalities	Injuries	Hazmat Spill

Traffic convictions and forfeitures for the past 3 years. If none, write none

Location	Date	Charge	Penalty

Experience and Qualifications-Driver

Driver licenses or permits held in the past 3 years

State	License No.	Class	Endorsments	Experation Date

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

Yes No

Has any license, permit, or priveledge ever been suspended or revoked?

Yes No

If you answered YES to the above please explain:

Driving Experience Check yes or no			Dates		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	To	From	Miles
straight truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
tractor trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
doubles	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
triples	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
motorcoach or bus	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

List states operated in for last 5 years _____

If any, what mobile equipment can you operate? _____

Safe driving awards? From whom? _____

Education
 Highest Grade Completed _____ Last School Attended _____

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.

Signature **Date**