

Date of Hire: _____
(To be completed by employer)

COMMERCIAL MOTOR VEHICLE DRIVER APPLICATION

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COMPANY NAME: _____ LOCATION: _____ APPLICATION DATE: _____	
STREET ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	
APPLICANT'S LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ (PRINT)	
DATE OF BIRTH: ____/____/____	SSN: ____/____/____ PHONE: ____-____-____
EMAIL ADDRESS: _____	
POSITION(S) APPLIED FOR: _____	
CURRENT ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	
HOW LONG AT CURRENT ADDRESS? _____	
IF NOT AT CURRENT ADDRESS FOR 3 YEARS OR MORE, LIST PRIOR RESIDENCY FOR PAST 3 YEARS:	
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	
EMPLOYMENT HISTORY	
<input type="checkbox"/> ARE YOU CURRENTLY WORKING? YES NO	IF NO, HOW LONG WERE YOU UNEMPLOYED? _____
DATE AVAILABLE: _____	LIST MONTH(S) & YEAR(S) _____ TO _____ _____ TO _____ _____ TO _____
<i>All driver applicants who drive in Interstate Commerce must provide the following information on all employers for the past 3 years preceding this job application. A Commercial Motor Vehicle driver should also provide an additional 7 years of information for those employers for whom the applicant operated such vehicles.</i>	
LAST EMPLOYER NAME: _____ (most recent)	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
PHONE: (____) _____ - _____ FAX: (____) _____ - _____	
FROM: ____/____/____ TO: ____/____/____ POSITION HELD: _____	
<input type="checkbox"/> STILL EMPLOYED? YES NO IF NO, REASON FOR LEAVING: _____	
<input type="checkbox"/> WHEN EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO	
<input type="checkbox"/> WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE CONTROLLED SUBSTANCES & ALCOHOL TESTING REQUIREMENTS AS REQUIRED IN 49 CFR Part 40? YES NO	

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DRIVER ID _____

2ND LAST EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ POSITION HELD: _____

- STILL EMPLOYED? YES NO IF NO, REASON FOR LEAVING: _____
- WHEN EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO
- WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED TRANSFER MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS? YES NO

3RD LAST EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ POSITION HELD: _____

- STILL EMPLOYED? YES NO IF NO, REASON FOR LEAVING: _____
- WHEN EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO
- WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED TRANSFER MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS? YES NO

4TH EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ POSITION HELD: _____

- STILL EMPLOYED? YES NO IF NO, REASON FOR LEAVING: _____
- WHEN EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO
- WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED TRANSFER MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS? YES NO

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DRIVER ID

5th EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

FROM: ____/____/____ TO: ____/____/____ POSITION HELD: _____

STILL EMPLOYED? YES NO IF NO, REASON FOR LEAVING: _____

WHEN EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED TRANSFER MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS? YES NO

EDUCATION

Circle Highest Grade Completed: High School: 1 2 3 4 College: 1 2 3 4

High School Attended: _____ City, State _____

College Attended: _____ City, State _____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver's license." I certify that I do not have more than one CDL license; the information is listed below:

State	License #	Type	Expiration Date	Signature	Date
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Endorsements: _____ Restrictions: _____

List additional CDL licenses held within the last 3 years (if applicable)

State	License #	Type	Expiration Date	Signature	Date
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State	License #	Type	Expiration Date	Signature	Date
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Have you ever been denied a license, permit or privilege to drive a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

If "Yes" to either question, please explain:

DRIVING EXPERIENCE AND QUALIFICATIONS

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DRIVER ID _____

Number of Months/Years worked as a driver: _____ # of Years
 _____ # Months

Class of Equipment: (Check the boxes of the vehicles you have experience with.)	If box is checked, list Type: (Van, Tank, Flat, Dump, etc.)	Dates From (Mo/Yr To Mo/Yr)	Approx. # of Miles
<input type="checkbox"/> Straight Truck	_____	_____	_____
<input type="checkbox"/> Tractor & Semi Trailer	_____	_____	_____
<input type="checkbox"/> Tractor – Two Trailers	_____	_____	_____
<input type="checkbox"/> Tractor – Three Trailers	_____	_____	_____
<input type="checkbox"/> School Bus/Motor Coach (More than 8 Passengers)	_____	_____	_____
<input type="checkbox"/> School Bus/Motor Coach (More than 15 Passengers)	_____	_____	_____

List states operated in for the last 5 years:

List any driver training courses you have participated in:

ACCIDENT RECORD

(List accidents for the past 3 years. If None, print "None" in the blank.)

<u>Date of Accident</u>	<u>Nature of Accident</u> (Head On, Rear End, etc)	<u>Fatalities, Injuries, Hazardous Material Spill</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES (5 YEARS)

(If None, print "None" in the blank. Do NOT include parking violations.)

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO BE READ AND SIGNED BY APPLICANT

Should I be hired, I understand that false information provided on any application or interview could result in discharge.

I understand the information provided regarding my current and/or previous employers may be used and those employers may be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) (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.~~

I further understand that I can submit a written rebuttal to the previous employer when an agreement cannot be reached on whether information provided to the prospective employer is erroneous.

In addition, I certify 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.

Applicant's Signature

Date

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DRIVER ID _____

Applicant Statement of Previous Drug and Alcohol Test

Sec. 40.25(j) As an employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents success: Sec. 40.25(b)(5) and (e))

- (1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Check one: YES NO

- (2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: YES NO

I authorize you to obtain information regarding my previous employment and my driving record as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

SSN#