

# Driver's Application For Employment

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In compliance with Federal and State equal employment opportunities 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 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 personal from all liability in responding to inquiries 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 interview(s) 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 employer(s) will be contacted, 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 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 \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

(answer all questions - please print)

EMPLOYER		DATE	
Name _____		From _____	To: _____
Address _____			
City _____	State _____	Zip _____	Position Held _____
Contact Person _____	Phone Number _____	Salary/Wage _____	
Were you subject to the FMCRA's While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
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? <input type="radio"/> Yes <input type="radio"/> No			

## EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____		
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____		
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____		
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____		
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

\*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,0001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** for past 3 years or more (attach sheet if more space is required). If non, write **none**.

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations). If none, write **none**.

Location	Date	Charge	Penalty

(Attach sheet if more space is required)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

State	Licence Number	Type	Expiration Date
<b>DRIVER</b>			
<b>LICENSES</b>			

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever bee suspended or revoked? ☐ Yes ☐ No

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

**DRIVING EXPERIENCE** check yes or no

Class of Equipment	Equipment Type	From	Dates To	Approx. No. of Miles (Total)
Straight Truck <input type="radio"/> Yes <input type="radio"/> No				
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No				
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No				
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No				
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.				
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.				
Other				

List states operated in for last five years:

Which safe driving awards do you hold and from whom?

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any tricking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

**EDUCATION**

Highest Grade Completed

Last School Attended & Location (city & state)

**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: