



NEW DRIVER Employment Application

Applicants that desire to drive intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (TOTAL OF 10 YEARS EMPLOYMENT RECORD)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College/ Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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PREVIOUS THREE YEARS OCCUPANCY			
STREET ADDRESS	CITY LIVED IN	STATE & ZIP CODE	YEARS LIVE THERE

References

Please list one professional reference and two personal references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

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Company: _____	Phone: _____
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PREVIOUS EMPLOYMENT (ATTACH SHEET IF MORE SPACE IS NEEDED)

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Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by this employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

YES NO



Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by this employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

YES NO



Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Were you were subject to the Federal Motor Carrier Safety Regulation (FMCSRs) while employed by this employer?
 YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?
 YES NO

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

DRIVER LICENSE INFORMATION

STATE ISSUED FROM: _____ TYPE OF LICENSE: _____
 LICENSE NUMBER: _____ EXPIRATION DATE: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP TRUCK ETC.)	DATES TO AND FROM	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER COMBO			
TRACTOR-TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR ENDED, UPSET ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS (YES OR NO)

TRAFFIC CONVICTIONS/FORFEITURES PAST 3 YEARS (OTHER THAN PARKING)

DATE CONVICTED	VIOLATION	STATE AND LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS ASSESSED OR FINE)

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

If yes, please explain _____

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

If yes, please explain _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 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 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 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 current/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.*

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

Signature: _____ Date: _____