



Application for Employment

Applicant Name: _____ Phone: () - _____

Address: _____

STREET CITY ST ZIP
 Date of Birth: / / Social Security No.: - - _____
 MM DD YYYY

Address(s) for the past three years:	1.	STREET	CITY	ST	ZIP	HOW LONG?
	2.	STREET	CITY	ST	ZIP	HOW LONG?
	3.	STREET	CITY	ST	ZIP	HOW LONG?

EXPERIENCE & QUALIFICATIONS – DRIVER (Attach sheet if more space is needed)

LICENSE

Driver License(s)	State	License No.	Type	Expiration Date
				/ /
				/ /
				/ /

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ YES

☐ NO

B. Has any license, permit or privilege ever been suspended or revoked?

☐ YES

☐ NO

If the answer to either A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From (Date)	To (Date)	Approximate No. of Miles (Total)
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Date	Nature of Accident (Rear-end, upset, etc.)	Fatalities	Injuries
/ /			
/ /			
/ /			

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (other than parking violations)

Location	Date	Charge	Penalty
	/ /		
	/ /		
	/ /		

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all

Commercial Driving Experience for the past 10 years

Last Employer: Name _____
Address _____
Position Held _____ From ____/____/____ to ____/____/____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

Second Last Employer: Name _____
Address _____
Position Held _____ From ____/____/____ to ____/____/____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

Third Last Employer: Name _____
Address _____
Position Held _____ From ____/____/____ to ____/____/____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

Fourth Last Employer: Name _____
Address _____
Position Held _____ From ____/____/____ to ____/____/____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

Fifth Last Employer: Name _____
Address _____
Position Held _____ From ____/____/____ to ____/____/____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

Sixth Last Employer: Name _____
Address _____
Position Held _____ From ____/____/____ to ____/____/____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

Per Sec. 391.23(i)(1), you have the following rights regarding the investigative information obtained from previous employers:

- (i) The right to review information provided by previous employers;*
- (ii) The right to have errors in the information corrected by the previous employer & for that previous employer to re-send the corrected information to the prospective employer;*
- (iii) 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.*

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, “safety-sensitive transportation work” (driving a commercial motor vehicle) during the past three years.

- _____ **Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.
- _____ **No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a “safety-sensitive function” (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

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 COMPELTE TO THE BEST OF MY KNOWLEDGE.

Today’s Date:_____ Applicant’s Signature:_____

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