



# DASH EXPRESS APPLICATION FOR SERVICES

Date of Application \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_ Sex \_\_\_\_\_

In compliance with Federal and State equal employment 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 APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, criminal 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 any 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 49CFR391.23(d) and (e). I understand that I have the right to:

1. Review information provided by previous employers
2. 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
3. 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

DATE APPLICANT HIRED _____	REJECTED _____
POSITION EMPLOYED _____	SALARY _____
SIGNATURE OF INTERVIEWING OFFICER _____	

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED _____	REASON FOR TERMINATION _____
VOLUNTARY QUIT _____	SUPERVISOR _____



### APPLICANT TO COMPLETE

(Answer all questions - please print)

List your addresses of residency for the past 3 years.

Current address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 How Long ? \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous Addresses \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How Long \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How Long \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How Long \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_ Do you have a valid DOT Health Card? \_\_\_\_\_

Have you worked for this Company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving your last employment \_\_\_\_\_

Yr / Make / Model of vehicle you will use for Deliveries? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Co. \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

#### ACCIDENT RECORD FOR PAST 3 YEARS, OR MORE. IF NONE, WRITE NONE

Dates	Nature of accident (Head-on, rear-end, etc.)	Fatalities	Injuries	Haz. Mat. Spill
LAST _____				
NEXT PREV. _____				
NEXT PREV. _____				

#### TRAFFIC CONVICTIONS: (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach separate sheet if more space is needed)



**EXPERIENCE AND QUALIFICATIONS**

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

	State	License No.	Class	Expiration Date
Driver	_____	_____	_____	_____
Licenses	_____	_____	_____	_____

DO YOU HOLD A D.O.T. MEDICAL EXAMINERS CERTIFICATE? \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DRIVING EXPERIENCE	YES OR NO	YEARS EXPERIENCE (Circle One)
1. Straight Truck	YES / NO	1 - 3 / 4 - 6 / 7 - 9 / More
2. Tractor & Semi-Trailer	YES / NO	1 - 3 / 4 - 6 / 7 - 9 / More
3. Tractor & Two Trailers	YES / NO	1 - 3 / 4 - 6 / 7 - 9 / More
4. Motor Coach - School Bus	YES / NO	1 - 3 / 4 - 6 / 7 - 9 / More
5. Other: _____	YES / NO	1 - 3 / 4 - 6 / 7 - 9 / More

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL AID IN DETERMINING YOUR DRIVER QUALIFICATIONS.

\_\_\_\_\_

DO YOU HOLD ANY SAFE DRIVING AWARDS, AND FROM WHOM \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (Other than those already shown) \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_ (Name) \_\_\_\_\_ (City/State)

**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 who drive a commercial vehicle\* in interstate or intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet if necessary)

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a 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 10,001 pounds or more, (2) is designed or used to transport passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



**PAST EMPLOYMENT HISTORY**

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSA REGULATIONS DURING THIS PERIOD?  YES  NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?  YES  NO

REASON FOR LEAVING \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSA REGULATIONS DURING THIS PERIOD?  YES  NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?  YES  NO

REASON FOR LEAVING \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSA REGULATIONS DURING THIS PERIOD?  YES  NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?  YES  NO

REASON FOR LEAVING \_\_\_\_\_



**PAST EMPLOYMENT HISTORY**

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSA REGULATIONS DURING THIS PERIOD?  YES  NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?  YES  NO

REASON FOR LEAVING \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSA REGULATIONS DURING THIS PERIOD?  YES  NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?  YES  NO

REASON FOR LEAVING \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SALARY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE# \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSA REGULATIONS DURING THIS PERIOD?  YES  NO

WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD?  YES  NO

REASON FOR LEAVING \_\_\_\_\_



**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective independent contracted or employee driver, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Independently contracted or employee driver's who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed/contracted or being notified of denial of employment/contract. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

**CERTIFICATION**

**By signing below, I certify that all entries & information listed are true and complete to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**COMMERCIAL VEHICLE DRIVER APPLICANT  
Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25(j)**

Date of Application \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_ Sex \_\_\_\_\_

**49 CFR 40.25(j)**

Have you ever 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, <b><u>safety-sensitive transportation work covered by DOT agency drug &amp; alcohol testing rules</u></b> during the past two years?		YES	NO
If YES -	Have you successfully completed the return-to-duty process.	YES	NO
If YES -	Documentation <b><u>MUST BE PROVIDED</u></b> before any safety-sensitive transportation function is performed.		

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**