



APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____
FIRST MIDDLE LAST

10 YEAR MVR: YES NO

COPY OF MEDICAL CERTIFICATE: YES NO

COPY OF DRIVERS LICENSE: YES NO

PERSONAL INFORMATION

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

PHONE: (_____) _____ - _____ DATE YOU CAN START: _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVERS LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP	DATES OPERATED	
		FROM	TO
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & DOUBLES			
WRECKER			
OTHER			

EMPLOYMENT HISTORY

(LIST BELOW LAST EMPLOYERS FOR PAST 10 YEARS, STARTING WITH MOST RECENT)

EMPLOYER NAME: _____

ADDRESS: _____

CONTACT INFORMATION: _____

POSITION: _____ **SALARY:** _____

DATES EMPLOYED FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER NAME: _____

ADDRESS: _____

CONTACT INFORMATION: _____

POSITION: _____ **SALARY:** _____

DATES EMPLOYED FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER NAME: _____

ADDRESS: _____

CONTACT INFORMATION: _____

POSITION: _____ **SALARY:** _____

DATES EMPLOYED FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

REFERENCES

GIVE THE NAMES OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

SIGNATURE _____

PRINTED NAME: _____

DATE: _____

NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for stronger controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with GVW over 26,000 lbs, and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placards.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than 1 license, and no motor carrier may use a driver having more than 1 license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the company AND the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privileges to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES – Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3) above, or failure to notify the motor carrier within 30 days of the loss of any privileges to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print): _____ SSN: _____

Driver's Address: _____

DL No: _____ Type/Class: _____ Issuing State: _____

Driver's Signature: _____ Date: _____

PRE-EMPLOYMENT CONSENT FORM
(DRUG AND ALCOHOL TEST)

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substances test.

I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug and alcohol screen.

Signature _____ Date _____

Print _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25 (j) As the 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 test administered by an employer to which the 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. If the employee admits that he or she had a 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 successful completion of the return-to-duty process. (see Sec 40.25 (b)(5) and (e))

Prospective Employee Name: _____ ID No. _____

The prospective employee is required by Sec. 40.25 (j) to respond to the following questions.

1. 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, 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 certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____