

Driver Application for Employment

Company: _____ Address: _____
 City, State and Zip Code: _____

DRIVER APPLICANT ONLY

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 CFR 391.23 (d) and (e). I understand 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: _____

Name: _____
 First Middle Maiden, if any Last

Address: _____
 Street City State Zip How Long?

Date of Birth: _____ Telephone Number: _____

Previous Address (if at the above address less than three years)

Address: _____
 Street City State Zip How Long?

Address: _____
 Street City State Zip How Long?

(Attach additional sheet if necessary)
 Experience and Qualifications-Driver

Drivers Licenses	State	License No.	Type & Endorsements	Expiration Date

Driving Experience

Class of Equipment:	Equipment Type (van, tank, flatbed, etc.)	Dates (from)	Dates (to)	Approx. # of Miles (total)
Straight truck				
Tractor & semitrailer				
Tractor-Two trailers				
Other				

Accident record for past three years (attach additional sheet if necessary)

Dates	Nature of accident	Fatalities	Injuries
Last Accident			
Next Accident			
Next previous			

Traffic convictions (other than parking violations) and forfeitures for the past three years
(Attach additional sheet if more space is needed)

Location	Date	Charge	Penalty

- 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, revoked or denied? Yes ___ No ___
 If the answer to either A or B is yes, explain: (attach additional sheet if necessary)

Employment Record (attach additional sheet(s) if more space is needed)
You are required to give all employment information for at least three years.
 If you are applying for a position that requires a CDL you will need to list all
 employment where you operated vehicles requiring a CDL for the past ten years

Last Employer

Name: _____
 Address: _____
 Position: _____ Supervisor: _____ Dates _____ from _____ to _____
 Salary: _____ Reason for leaving: _____
 Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___
 Were you subject to controlled substance & alcohol testing under 49 CFR
 Parts 40 382 while employed here? Yes ___ No ___

EMPLOYER

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates _____ from _____ to _____

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___

Were you subject to controlled substance & alcohol testing under 49 CFR
Parts 40 382 while employed here? Yes ___ No ___

EMPLOYER

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates _____ from _____ to _____

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___

Were you subject to controlled substance & alcohol testing under 49 CFR
Parts 40 382 while employed here? Yes ___ No ___

EMPLOYER

Name: _____

Address: _____

Position: _____ Supervisor: _____ Dates _____ from _____ to _____

Salary: _____ Reason for leaving: _____

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes ___ No ___

Were you subject to controlled substance & alcohol testing under 49 CFR
Parts 40 382 while employed here? Yes ___ No ___

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.

Date: _____ Signature: _____

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

OFFICE USE ONLY

Arrange Interview () Yes () No Date: _____

Remarks:

Approved () Yes () No Date: _____

By: _____