



APPLICATION FOR EMPLOYMENT

Applicant: Please answer all questions, do not leave any item blank.

Date: _____ Position applying for; Check One: Driver Contractor Contractor's Driver

Name: _____
(First) (Middle) (Last)

Phone Number: _____ Emergency Phone Number: _____

Age: _____ Date of Birth: _____ Social Security Number: _____

Current DOT? Yes No If Yes, Expiration Date: _____

Current & 3 Years Previous Addresses:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____
(address) (City) (State)

Have you worked for this company before? Yes No

If yes, Give dates: From _____ To _____

Reason for leaving? _____

Education History

Highest Grade Completed: _____ Grade School: _____ College: _____

Employment History

Give a Complete Record of all employment for the past **three** years, including any unemployment or self employment, and all commercial driving experience for the past **ten** years.

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employment History

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To: _____ Name: _____

Position Held: _____ Address: _____
(City) (State)

Reason For Leaving: _____ Phone Number: _____

Were you subject to the FMCSRs while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Driving History

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor & Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, over the past five years; _____

List special courses/training completed; (H2S, JSA, CPR, Safeland): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years:

Accident Date	Nature of Accident <small>(Head on, rear end, upset, etc.)</small>	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the past three years:

Date	Location	Charge	Penalty

Drivers License (list each driver's license held in the past three years):

Issuing State	License #	Type	Endorsements	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
- C. Is there any reason you might not be able to perform the functions of the job for which you have applied (as described in the job description)? Yes No
- D. Have you ever been convicted of a felony? Yes No

Personal References

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

To Be Read and Signed by Applicant

- A. It is agree and understood that any misrepresentation given on this application shall be considered an act of dishonesty
- B. It is agreed and understood that the motor carrier or his agents may investigate the applicants background to ascertain any and all information of concern to applicant's record, whether same is of record or not , and applicant releases employers named herein from all liability for any damages on account of his furnishing such information.
- C. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.
- D. I agreed and understood that this Application for Employment in no way obligates the motor carrier to employ or hire the applicant.
- E. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.
- F. 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.

Applicant Signature: _____ Date: _____