

# Driver Application

(Answer all questions-please print)

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, or non-job related disability.

Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No \_\_\_\_\_  
Last First MI

(1) Phone No. \_\_\_\_\_ (2) Cell No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ How Long \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ How Long \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_

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

Yes or No \_\_\_\_\_ Reason \_\_\_\_\_

Most Recent Work Experience:

From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? \_\_\_ Yes \_\_\_ No

From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Position Held \_\_\_\_\_  
Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
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States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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Type of Equipment \_\_\_\_\_ Trailer Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Weekly Miles \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? \_\_\_ Yes \_\_\_ No

From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Phone # \_\_\_\_\_  
From: Mo \_\_\_\_\_ Yr \_\_\_\_\_ To: Mo \_\_\_\_\_ Yr: \_\_\_\_\_ Fax # \_\_\_\_\_  
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States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? \_\_\_ Yes \_\_\_ No

**Accident Record for Past 3 Years of More (attach sheet if more space is needed) if none write none**

Dates	Nature of Accident Head-On, Rear-End, Upset, Etc.	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions & Forfeitures for the Past 3 Years (other than parking violations) if none write none**

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**Experience and Qualifications - Driver**

	State	License Number	Type	Expiration Date
Driver				
License				

- 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. Are you required by a court order, in any state, to pay Child Support or Alimony? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**Driving Experience if None, Write None**

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates		Approx. no. of miles (total)
		From	To	
Straight truck				
Tractor & semi-trailer				
Tractor- two trailers				
Motor coach-school bus				
Other				

List States operated in for last five years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_  
Which safe driving awards do you hold and from whom? \_\_\_\_\_

### Experience and Qualifications

Show any trucking, transportation or other experience that may help in your work for this company  
\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)  
\_\_\_\_\_

Do you have any outstanding warrants? Yes \_\_\_\_\_ No \_\_\_\_\_ Nature \_\_\_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes complete following:

Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Felony Type \_\_\_\_\_

Current Disposition \_\_\_\_\_

Pursuant to 40.25(j), have you ever tested positive or refused an alcohol or controlled substance test in the past 3 years for previous employers or companies you have applied with for employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did the prior company refer you to a Substance Abuse Professional for evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you follow-up with their recommendations? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of the Substance Abuse Professional \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me; all entries on it and information in it are true, correct, and complete to the best of my knowledge. I authorize the company to make such investigations and inquiries of my personal, employment, financial 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d)(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 employers to re-send corrected information to prospective employers, and have a rebuttal statement attached to the alleged erroneous information if there is non-agreement concerning the information.

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

\_\_\_\_\_  
Date