

Driver's Application For Employment

Print Form

Applicant Name

Date of Application

Company

Address

City

State

Zip Code

In compliance with Federal and State equal employment opportunities 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 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 personnel from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that 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 49 CFR 391.23(d) and (e). I understand that 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

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED

REJECTED

DATE EMPLOYED

POINT EMPLOYED

DEPARTMENT

CLASSIFICATION

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING AGENT

TERMINATION OF EMPLOYMENT

DATE TERMINATED

DEPARTMENT RELEASED FROM

DISMISSED

VOLUNTARILY QUIT

OTHER

TERMINATION REPORT PLACED IN FILE

SUPERVISOR

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for

Last Name

First Name

Middle

SSN

List your addresses for the past 3 years.

Current

Address

City

State

Zip

Phone

How Long?

Previous Addresses

Address

City

State

Zip

How Long?

Address

City

State

Zip

How Long?

Address

City

State

Zip

How Long?

Address

City

State

Zip

How Long?

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

Date of Birth (Required for Commercial Drivers) Can you provide proof of age? ☐ Yes ☐ No

Have you worked for this company before? ☐ Yes ☐ No Where?

Dates: From To

Rate of Pay

Position

Reason for leaving

Are you now employed? ☐ Yes ☐ No If not, how long since leaving last employment?

Who referred you?

Rate of pay expected

Have you ever been bonded? ☐ Yes ☐ No Name of bonding company

(Answer only if a job requirement)

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain fully 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 [as described in the attached job description]? ☐ Yes ☐ No

If yes, explain if you wish

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 to drive a commercial motor vehicle* in interstate or interstate 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 as necessary.)

EMPLOYER

DATE

Name

From

To:

Address

City

State

Zip

Position Held

Salary/Wage

Phone Number

Contact Person

Were you subject to the FMCRSA While Employed? ☐ Yes ☐ No

Reason For Leaving

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 (continued)

EMPLOYER DATE		Name Address City State Zip Contact Person Phone Number Were you subject to the FMCRs ¹ While Employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
From To:	Position Held Salary/Wage Reason For Leaving	

EMPLOYER DATE		Name Address City State Zip Contact Person Phone Number Were you subject to the FMCRs ¹ While Employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
From To:	Position Held Salary/Wage Reason For Leaving	

EMPLOYER DATE		Name Address City State Zip Contact Person Phone Number Were you subject to the FMCRs ¹ While Employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
From To:	Position Held Salary/Wage Reason For Leaving	

EMPLOYER DATE		Name Address City State Zip Contact Person Phone Number Were you subject to the FMCRs ¹ While Employed? ☐ Yes ☐ No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No
From To:	Position Held Salary/Wage Reason For Leaving	

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

¹The 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is required). If non, write none.

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
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Last Accident

Next Previous

Next Previous

Location

Date

Charge

Penalty

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations). If none, write none.

EXPERIENCE AND QUALIFICATIONS - DRIVER

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

State	Licence Number	Type	Expiration Date
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DRIVER

LICENSES

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

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE check yes or no

Class of Equipment	Equipment Type	From	To	Dates	Appox. No. of Miles (Total)
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Straight Truck ☐ Yes ☐ No

Tractor and Semi-Trailer ☐ Yes ☐ No

Tractor - Two Trailers ☐ Yes ☐ No

Tractor - Three Trailers ☐ Yes ☐ No

Motorcoach - School Bus ☐ Yes ☐ No More than 8 passengers.

Motorcoach - School Bus ☐ Yes ☐ No More than 15 passengers.

Other

List states operated in for last five years:

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

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

List courses and training other than shown elsewhere in the application

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

EDUCATION

Highest Grade Completed _____
Last School Attended & Location (city & state) _____

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.

Signature: _____

Date: _____