



**APPLICATION FOR EMPLOYMENT – COMMERCIAL DRIVER**

**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

**PLEASE ANSWER ALL QUESTIONS**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Must provide a minimum of 3 years address history**

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Position Sought: **DRIVER** 2. Date of Birth: \_\_\_\_\_ 3. Proof of Age: \_\_\_\_\_

4. Are you employed now?  Yes  No 5. Have you worked for this company before?  Yes  No

6. If yes, for which Client/Company: \_\_\_\_\_

7. Dates worked From: \_\_\_\_\_ To: \_\_\_\_\_ 8. Rate of Pay: \_\_\_\_\_

9. Position: \_\_\_\_\_ 10. Reason for Leaving: \_\_\_\_\_

11. Are you a US citizen, or otherwise authorized to work in the U.S. without any restriction?  Yes  No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

12. Would you be willing to take a physical examination?  Yes  No

13. Are you able to perform the essential functions of this job according to the attached job description with or without reasonable accommodations?  Yes  No

**EMPLOYMENT HISTORY**

**ALL APPLICANTS WISHING TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS FOR THE PRECEDING THREE YEARS. YOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYERS FOR WHOM YOU HAVE DRIVEN A COMMERCIAL VEHICLE SEVEN YEARS PRIOR TO THE INITIAL THREE YEARS (TOTALING 10 YEARS OF COMPLETE EMPLOYMENT HISTORY).**

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b)(10) of this section may be used, and the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23

**YOU ARE REQUIRED TO LIST THE COMPLETE MAILING ADDRESS, STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE**

(Most Recent First)

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Registration while employed?  Yes  No  
Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing?  Yes  No

2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

3. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

4. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

5. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

6. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

7. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
 Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

8. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
 Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

9. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
 Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

10. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes No  
 Was your job designated as safety sensitive function in any DOT-Regulated mode subject to drug and alcohol testing? Yes No

**TO BE READ AND SIGNED BY THE 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. 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand 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 current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to resend 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"

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THIS SECTION IS NOT SIGNED AND DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.**

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his-her request to review the records. Please contact Human Resources for more information.

**EXPERIENCE AND QUALIFICATIONS**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (CIRCLE ALL THAT APPLY)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
STRAIGHT TRUCK	VAN, REEFER, TANK FLAT	_____	_____	_____
TRACTOR & SEMI TRAILER	VAN, REEFER, TANK FLAT	_____	_____	_____
STRAIGHT TRUCK	VAN, REEFER, TANK FLAT	_____	_____	_____
OTHER: _____	VAN, REEFER, TANK FLAT	_____	_____	_____

List states operated in for the last 5 years: \_\_\_\_\_

Which safe driving awards do you hold and from whom: \_\_\_\_\_

Show any special courses or training that will help you as a driver: \_\_\_\_\_

**LICENSE INFORMATION**

SECTION 383.21 FMCSR STATES "NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE." I CERTIFY THAT I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE, THE INFORMATION FOR WHICH IS LISTED BELOW.

STATE	LICENSE NUMBER	EXPIRATION DATE
_____	_____	_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

Have any license, permit or privilege ever been suspended or revoked?  Yes  No

**If you answered yes to either of the above questions, attach a statement explaining the details.**

**ACCIDENT RECORD FOR THE PREVIOUS FIVE (5) OR MORE YEARS**

If you have *NOT* had an accident within the past five (5) years, check here.

<i>List most recent first</i>		<i>Attach a statement sheet if additional space is needed</i>	
Date (Month/Year)	Nature of Accident (Head-on, Rear-End, Upset, Etc.)	Number of Fatalities	Hazardous Material Spill
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST FIVE (5) YEARS**

If you have *NOT* had any convictions and/or forfeitures within the past five (5) years, check here.

<i>List most recent first</i>		<i>Attach a statement sheet if additional space is needed</i>	
Date Convicted (Month/Year)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited Bond, Collateral, and/or Points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER QUALIFICATIONS AND EXPERIENCE**

List courses and training other than shown elsewhere in this application.

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Show any trucking, or other experience that may help you in your work with this company.

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List any other special equipment or technical materials you can work with – other than those already listed.

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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 PERSONS 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.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

**COMMERCIAL DRIVER JOB FUNCTIONS**

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied. Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability who can perform these essential functions with or without reasonable accommodations.

These statements/questions pertain only to the essential functions of the job for which you are applying.

- 1. Can you sit and drive as is required for an 11-hour shift?  
 Yes       No
- 2. Can you perform repetitive motion tasks with your hands and wrists?  
 Yes       No
- 3. Can you push and pull levers or objects that require 100 lbs. of force or more?  
 Yes       No
- 4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?  
 Yes       No
- 5. If required, are you able to reach and lift 60 lbs. above your head?  
 Yes       No
- 6. Can you climb stairs to safely get in and out of a truck or with a load regularly?  
 Yes       No
- 7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?  
 Yes       No
- 8. If required, are you able to lift and move 100 lbs. or more?  
 Yes       No
- 9. Is there any reason you may not be considered physically qualified to operate a commercial motor vehicle per the qualifications set forth in part § 391.41 of the Federal Motor Carrier Safety Regulations?  
 Yes       No

For any No answers to questions 1-8 above, please explain below:

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Prompt and reliable attendance is a job requirement.  
I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number