

Driver's Application for Employment

Applicant Na	me Last	First	Middle	Date
Cell Phone		Home Pl		
	esses of residency for th			
	ess			How long?
Previous	Street	City	State / Zip Code	How long? yr./mo.
Addresses	Street	City	State / Zip Code	How long?yr./mo.
	Street	City		
	Street	City	State / Zip Code	How long? yr./mo.
Do you have	the legal right to work ir	n the United States? [] Yes	[] No	
Position Appl	lying for		Full-Tim	e Part-Time
Who referred	d you?	Rat	e of pay expected	
Are you curre	ently employed?	If not, how long since le	aving last employmen	t?
EDUCATION				
		3 4 5 6 7 8 9 10 11 12	College: 1 2 3	Л
_			_	4
Last school a	ttendedName	2	Address	
GENERAL:				
Have you eve (Answer only if a	er been bonded? a job requirement)	N	ame of bonding comp	pany
Have you eve *If yes will be	er been convicted of a fe s, please explain fully on a sep e considered.	lony? parate sheet of paper. Conviction of cr	me is not an automatic ba	r to employment – all circumstances
explain:		ble to perform the functions of		
	IISTORY: (for CDL holde			
	Motor Carrier Safety Reg they are hired to drive a		requires that all drive	r applicants pass certain physical
Date of last D	Department of Transport	ration prescribed examination_	Can you	ı provide a copy

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT:

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position
requiring a commercial drivers license (CDL) to answer the following questions:

c44111118	a commercial arre	13 11001130 (052) 10 4		16 questions			
a		ars, have you ever test aployer to which you a					
b	Vithin the last two yea y an employer for wh] Yes [] No	ars, have you ever test ich you preformed sa	ted positive, or refu fety-sensitive transp	sed to test, o oortation wor	n any type of dru k?	ıg or alcoho	l test administered
D	you answered yes to OT return-to-duty red] Yes [] No	either 1 or 2 above, oquirements?	an you provide and	or obtain pro	oof that you have	e successful	ly completed the
Applicant	s Signature:				Da	te:	
)RIVER'S	S LICENSE INFORM	IATION: List all driv	er licenses or per	mits held in	the past 3 year	S.	
	State	Licens	se No.	Туј	ре	Expir	ation Date
Drive							
License	es						
C. If yes		or privilege ever bee ovide details:	•			Yes	No
	Class of Equipm	ent	Type of Equi	oment	Date From (M/Y)	es To (M/Y)	Approximate Total Miles
Straight		[]Y[]N					
	& Semi-Trailer	[]Y[]N					
Other:_		_ []Y[]N					
	-	g the last five years: cation or other expe		elp in your v	vork for this co	mpany:	
ist speci	al equipment or tec	hnical materials you	ı have experience	working wit	h:		
 ist any c	ourses and/or train	ing related to this fi	eld of work:				

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?

ACCIDENT HISTORY: For past 3 years or more. Attach additional sheet if necessary. If none, write **NONE**.

	Dates	(Head-On, Rear-End, Upset, etc.)	# Fatalities	# Injuries	Towed	Citation Issued?
Last Accident:						
Next Previous:						
Next Previous:						

MOTOR VEHICLE DRIVING RECORD (MVR): Traffic Convictions and Forfeitures for the past 3 years other than parking violations. Attach additional sheet if necessary. If none, write NONE.

Location	Date	Charge	Penalty

REFERENCES: List 3 persons for references, other than family members, who have knowledge of your safety habits.

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

EMPLOYEMENT HISTORY:

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps must be explained.

Start with the **last** or **current** position, including any military experience, and work back. Attach a separate sheet if necessary. You are required to list the complete mailing address.

			T ===
		FROM	TO
CURRENT EMPLOYER		MO. YR.	MO. YR.
ADDRECC		POSITION HELD	
ADDRESS			
CITY	STATE/ZIP	SALARY/WAGE	
CIT	STATE/ZIP	DE40041 F0D 1 F41 //110	
CONTACT PERSON	PHONE #	REASON FOR LEAVING	
		•	
WERE YOU SUBJECT TO THE FMCS	Rs* WHILE EMPLOYED? [] YES [] NO		
IOD DUTIES			
JOB DUTIES			

PREVIOUS EMPLOYER		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE/ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE #	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSI	Rs* WHILE EMPLOYED? [] YES [] NO		
JOB DUTIES			

EMPLOYEMENT HISTORY: (cont.)

	ROM TO MO. YR. MO. YR.
	POSITION HELD
	ALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? [] YES [] NO	
JOB DUTIES	
I F	ROM TO
PREVIOUS EMPLOYER N	MO. YR. MO. YR.
ADDRESS	
CTTY	ALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? [] YES [] NO	
JOB DUTIES	
	ROM TO
F	MO. YR. MO. YR.
ADDRESS	ALARY/WAGE
CITY STATE/ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE #	
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? [] YES [] NO	
JOB DUTIES	
	ROM TO
	MO. YR. MO. YR. POSITION HELD
9	ALARY/WAGE
CITY STATE/ZIP	REASON FOR LEAVING
CONTACT PERSON PHONE #	
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? [] YES [] NO	
JOB DUTIES	

^{*}FMCSRs – The 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.

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, veteran status, non-job related disability, or any other protected group status.

APPLICANT MUST READ AND SIGN:

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.

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.

Applicant Name (printed)				Application Date				
App	licant Signature							
		FOR	OFFICE	USE -	DO NOT	WRIT	E IN THIS SPACE	
PR(OCESS RECORD: To be	complete:	d by con	npany re		tive.		
		Superior	Good	Fair	Below Average	Poor	Written Record on File	Notes
1.	Application							
2.	Interview							
3.	Physical Exam *							
4	Past Employment							
5.	Policy & Traffic Record							
6.	References							
*	CDL Applicants Only							
Wo	rk Schedule							
TEF	MINATION OF EMPLOY	MENT:						
Dat	e Terminated				[]V	oluntar	v Quit 「	by:
	son for Termination:						,	- / -
, .cu								
 Teri	mination Report Complet	ted and Pl	aced in	File? [l Yes [1 No		
·CII	milation report complet	cca ana m	acca III	1 1101	j 165 [] 140		