



# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_

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

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.

### 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 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.

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 OFFICER: \_\_\_\_\_

#### TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

VOLUNTARILY QUIT: \_\_\_\_\_ DISMISSED : \_\_\_\_\_ OTHER : \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

APPLICANT TO COMPLETE



**(Answer All Questions - please print)**

Position(s) Applied for: \_\_\_\_\_

Name : \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Last Middle First**

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
 \_\_\_\_\_ State Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_ yr./mo.

Previous \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ yr./mo.  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_ yr./mo.  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_ yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

**(Required for Commercial Drivers)**

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

Dates: From: \_\_\_\_\_ TO: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position : \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company : \_\_\_\_\_

**(Answer only if a job requirement)**

Have you ever been convicted of a felony? \_\_\_\_\_

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]? \_\_\_\_\_

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 intrastate 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 \_\_\_\_\_ Mo. \_\_\_ Yr. \_\_\_ Mo. \_\_\_ Yr. \_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_ or email \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_

---

WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes \_\_\_ No \_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes \_\_\_ No \_\_\_

EMPLOYER DATE  
 Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Mo. \_\_\_ Yr. \_\_\_ Mo. \_\_\_ Yr. \_\_\_

Address \_\_\_\_\_ Position Held: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_ or email \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

---

WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes \_\_\_ No \_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes \_\_\_ No \_\_\_

EMPLOYER DATE  
 Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Mo. \_\_\_ Yr. \_\_\_ Mo. \_\_\_ Yr. \_\_\_

Address \_\_\_\_\_ Position Held: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_ or email \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

---

WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes \_\_\_ No \_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes \_\_\_ No \_\_\_

EMPLOYER DATE  
 Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Mo. \_\_\_ Yr. \_\_\_ Mo. \_\_\_ Yr. \_\_\_

Address \_\_\_\_\_ Position Held: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_ or email \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

---

WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes \_\_\_ No \_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes \_\_\_ No \_\_\_

EMPLOYER DATE



Name: _____	From _____	To _____
	Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	Position Held: _____	
City: _____ State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	or email _____ Reason For Leaving: _____
_____		
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___		

EMPLOYER	DATE	
Name: _____	From _____	To _____
	Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	Position Held: _____	
City: _____ State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	or email _____ Reason For Leaving: _____
_____		
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___		

EMPLOYER	DATE	
Name: _____	From _____	To _____
	Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	Position Held: _____	
City: _____ State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	or email _____ Reason For Leaving: _____
_____		
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___		

EMPLOYER	DATE	
Name: _____	From _____	To _____
	Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	Position Held: _____	
City: _____ State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	or email _____ Reason For Leaving: _____
_____		
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___		



EMPLOYER		DATE	
Name: _____	_____	From	To
		Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	_____	Position Held: _____	
City: _____	State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	<b>or email</b> _____	Reason For Leaving: _____
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___			

EMPLOYER		DATE	
Name: _____	_____	From	To
		Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	_____	Position Held: _____	
City: _____	State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	<b>or email</b> _____	Reason For Leaving: _____
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___			

EMPLOYER		DATE	
Name: _____	_____	From	To
		Mo. ___ Yr. ___	Mo. ___ Yr. ___
Address _____	_____	Position Held: _____	
City: _____	State _____ Zip: _____	Salary/Wage: _____	
Contact Person: _____	Fax #: _____	<b>or email</b> _____	Reason For Leaving: _____
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___			

- Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

<b>ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE</b>				
<b>LAST ACCIDENT</b>				
DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL



( HEAD-ON, REAR-END, UPSET, ETC.)

<b>NEXT PREVIOUS</b>				
DATE	NATURE OF ACCIDENT ( HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
<b>NEXT PREVIOUS</b>				
DATE	NATURE OF ACCIDENT ( HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED**

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

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

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 \_\_\_\_\_  
 If the answer to either A or B is yes, give details: \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES	APPROX. NO. OF MILES
		FROM (MN) TO (MN)	Total
Straight Truck	Yes ___ No ___ (VAN, TANK, FLAT, DUMP, REFER)	_____	_____
TRACTOR AND SEMI-TRAILER	Yes ___ No ___ (VAN, TANK, FLAT, DUMP, REFER)	_____	_____
TRACTOR -TWO TRAILERS	Yes ___ No ___ (VAN, TANK, FLAT, DUMP, REFER)	_____	_____
TRACTOR -THREE TRAILERS	Yes ___ No ___ (VAN, TANK, FLAT, DUMP, REFER)	_____	_____



MOTORCOACH-SCHOOLBUS MORE THAN 8 PASSENGERS

Yes \_\_\_ No \_\_\_

MOTORCOACH-SCHOOLBUS MORE THAN 15 PASSENGERS

Yes \_\_\_ No \_\_\_

OTHER \_\_\_\_\_

LIST STATES OPERATED IN FOR LAST 5 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 – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (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:** \_\_\_\_\_



## New Hire Items Needed With Application

1. Copy of Drivers MVR, the MVR has to be dated within a 2 week period of us getting that person's application.
2. Copy of that person's driver's license and medical card.
3. Any reference or previous employers listed on the application it is mandatory we have either a fax number or email address of the reference or previous employer.