Company Name				
Street	_ City	St	Zip	
(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. POSITION(S) APPLIED FOR: Driver Date:				
Name:	Phone:			
Date of Birth:	_ Social Security Nun	nber:		
Address:	_ City, St, Zip:,		Yrs:	
Other addresses for the past 3 years				
Street:	City, St, Zip:		Yrs:	
Street:	City, St, Zip:		Yrs:	
Street:	_ City, St, Zip:		Yrs:	
Attach Sheet if More Space is Needed				
Do you have the legal right to work in the Unite	d States?			
In Case of Emergency Notify:		Phone:		
Relationship:	Address:			
Years of experience as CDL driver? List states operated in for the last 5 years:				
•				
List states operated in for the last 5 years: List special courses or training that will help you				
List states operated in for the last 5 years: List special courses or training that will help you	1 as a			
List states operated in for the last 5 years: List special courses or training that will help you driver:	u as a			
List states operated in for the last 5 years: List special courses or training that will help you driver: Is there any reason you might be unable to perform described in the attached job description?	u as a	e job for which y		
List states operated in for the last 5 years: List special courses or training that will help you driver: Is there any reason you might be unable to perform described in the attached job description? You If yes, please explain:	orm the functions of the	e job for which y		
List states operated in for the last 5 years: List special courses or training that will help you driver: Is there any reason you might be unable to perform described in the attached job description? If yes, please explain:	orm the functions of the	e job for which y	you have applied as	
List states operated in for the last 5 years: List special courses or training that will help you driver: Is there any reason you might be unable to perform described in the attached job description? You If yes, please explain:	orm the functions of the ses No STATUS Yes No Bran	e job for which y		

EMPLOYMENT RECORD

Note: List past employment for AT LEAST 10 YEARS including periods of unemployment and explanation (Attach Sheet if More Space is Needed)

Last Employer	Phone	Contact		
Address	Cit	ty, State, Zip		
Job description	From (mm/yy)To:	(mm/yy)		
Reason for leaving				
Were you subject to FMCSR while	e employed? Yes \square No			
Was this job designated as safety sensitive	e in any DOT-regulated mode subject to drug	g and alcohol testing? Ye	es No [
2 nd Last Employer	Phone	Contact		
Address				
Job description	From (mm/yy)To:	(mm/yy)		
Reason for leaving				
Were you subject to FMCSR while				
Was this job designated as safety sensitive	e in any DOT-regulated mode subject to drug	g and alcohol testing? Ye	es No	
3 rd Last Employer	Phone	Contact		
Address				
Job description	From (mm/yy)To:	(mm/yy)		
Reason for leaving				
Were you subject to FMCSR while	e employed? Yes No			
Was this job designated as safety sensitive	e in any DOT-regulated mode subject to drug	g and alcohol testing? Ye	es No	
4th Last Employer	Phone	Contact		
Address				
Job description	From (mm/yy)To:	(mm/yy)		
Reason for leaving				
Were you subject to FMCSR while	e employed? Yes 🔲 No			
Was this job designated as safety sensitive	e in any DOT-regulated mode subject to drug	g and alcohol testing? Ye	es No	
5 th Last Employer	Phone	Contact		
Address				
Job description	From (mm/yy)To:	(mm/yy)		
Reason for leaving				
Were you subject to FMCSR while	e employed? Yes 🗌 No			
Was this job designated as safety sensitive	e in any DOT-regulated mode subject to drug	g and alcohol testing? Ye	es No	

	EXPER	IENCE AND	QUALIFIC	CATION	S -	
	DRIVER	State	Licer	nse No.		Expiration Date
	Type					
Driver's Licenses						
Have you ever been denie	ed a license, permit,	or privilege to ope	erate a motor v	vehicle?		Yes No D
Has any license, permit, o	or privilege ever bee	n suspended or rev	oked?			Yes No
Have you ever been disqu	alified subject to se	ction 391 of the Fe	ederal Motor (Carrier Safe	ety Regulation?	Yes No D
If yes above has this been	resolved and can yo	ou provide proof?				Yes
State of Violation/License number in that state:		Explanation:				
		DRIVIN	G EXPER	IENCE		
		Equipment				Approx. no. of Miles
Class of Equipment	(Van, Tanl	k, Flat, Etc.)	Date F	rom	Date To	(Total)
Choose an item.						
Choose an item.						
Choose an item.						
Choose an item.						
Choose an item.						
Choose an item.						
	ACCID	ENT REVIEV	V FAD TU	E DAST	10 VE A DC	
		t if More Space is:				
	Natu	re of Accident				
Dates	(Head on, F	Rear-end, Upset	t, Etc.)	Fa	italities	Injuries
Last:						
Next:						
Next:						
Next:						
Next:						
TRAF	FIC CONVICT	IONS AND F	ORFEITH	RES FO	R THE PAST	10 VEARS
IIAI		an parking violation				IV I LAND
Date		Location Charge		irge	Penalty	
Last:						
Next:						
Next:						
Novt						
Next:						
Next:						

TO BE READ AND SIGNED BY APPLICANT

Your (driver) rights to review previous employer information as required in FMCSR 391.23: (i)(1)(i) The right to review information provided by previous employers;

- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (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 day 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.

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. 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. 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.

Applicant's Signature:	Date:	