

# DRIVER APPLICATION FORM



COMPANY NAME \_\_\_\_\_ Location: Region/District/Branch \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Street City State Zip

### 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 current/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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Social Security Number (\_\_\_\_\_) Phone Number Date of Birth Hire Date

ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY \_\_\_\_\_  
Street City State Zip Number of Years

Street City State Zip Number of Years

### Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during 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 (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No

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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No

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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No

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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment **must be explained**.

\*\*The Federal Motor Carrier Safety Regulations 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) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

## Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Circle all that apply)</small>	DATES FROM                      TO	APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat	____ / ____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	____ / ____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	____ / ____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	____ / ____	_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	____ / ____	_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	____ / ____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	____ / ____	_____

**OR**

## Accident History (3 years)

If no accidents within the last 3 years – check here

DATE <small>(month/year)</small>	NATURE OF ACCIDENT <small>(head-on, rear-end, upset, etc.)</small>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS 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

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED <small>(month/year)</small>	VIOLATION <small>(Other than violations involving parking only)</small>	STATE OF VIOLATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>
____ / ____	_____	_____	_____
____ / ____	_____	_____	_____

## 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

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes     No  
 If yes, give details \_\_\_\_\_
- B. Has any license, permit, or privilege ever been suspended or revoked?  Yes     No  
 If yes, give details \_\_\_\_\_

## Applicant Certification

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.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Applicant’s Signature                                      Date

## New Employee Self-Identification Form\*

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

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

Middle Initial: \_\_\_\_\_ (Optional) Social Security Number: \_\_\_\_\_

**Gender: Please place a check next to the appropriate category.**

MALE

FEMALE

**Race/Ethnicity: Please check one.**

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

**Veteran Status: Check all that apply.**

I am a disabled veteran.†

I am a recently separated veteran.†      Date of discharge (MM/DD/YY) \_\_\_\_\_

I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

### Disability

I am an individual with a disability.\*

I have received the form and decline to provide the requested information.

\* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A

† If you need a definition of these terms, please see below.

### SELF-IDENTIFICATION FORM DEFINITIONS

- The term "Disabled Veteran" means –
  - a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
- An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.