

# Employment Application

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone number

Position Applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City

\_\_\_\_\_  
State Zip Code

Phone: \_\_\_\_\_ Birth Date? \_\_\_\_\_

Previous Addresses: \_\_\_\_\_ Dates: From \_\_\_\_\_  
 (3 Years) Street City State & Zip Code To \_\_\_\_\_

\_\_\_\_\_  
Street City State & Zip Code Dates: From \_\_\_\_\_  
 To \_\_\_\_\_

\_\_\_\_\_  
Street City State & Zip Code Dates: From \_\_\_\_\_  
 To \_\_\_\_\_

Use backside of sheet for additional addresses

**Driver's License information: List all licenses held within the previous 3 years**

License number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

License number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

License number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you ever had any driver's license denied, suspended, revoked, or canceled by any state agency?  
 YES  NO  If yes, give state of issuance and explanation of the circumstances \_\_\_\_\_

**Use backside of sheet if additional space is needed**

**Driving Experience**

Types Of Equipment <small>(Truck, tractor/trailer, tank, etc.)</small>	Dates		Approx. mileage driven <small>(total)</small>
	To	From	

**List all traffic violations convictions for the previous 3 years (write NONE, if none)**

Date	Location	Violation	Commercial Vehicle
			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 <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 <input type="checkbox"/>

**List all accidents for the previous 3 years (write NONE, if none)**

Date	Nature of Accident	Fatalities	Injuries

**Employment History**

List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, ZIP			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer:	Period of Employment	Supervisor:	

Address:	From:	To:	
City, State, ZIP			Telephone:
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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City, State, ZIP			Telephone:
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Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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Address:	From:	To:	
City, State, ZIP			Telephone:
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Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Employer:	Period of Employment		Supervisor:
Address:	From:	To:	Telephone:
City, State, ZIP			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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Address:	From:	To:	Telephone:
City, State, ZIP			
Title and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

(Use additional sheet if needed)

**For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a perspective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees 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 thirty (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 (5) business day deadline will begin when the perspective 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 their request to review the records.

**Certification**

**"I certify 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 Signed*