



Driver Application for Employment

Last: _____ First: _____ Middle: _____ SSN: ____ - ____ - ____

Date of Birth ____/____/____ **(Drivers Only)** (The U.S Department of Transportation requires that driver applicants state their date of birth~391.21(b)(2).)

Current Address: _____ City: _____ State: _____ ZIP: _____

List any other addresses at which you have resided during the past 3 years:

Address: _____ City: _____ State: _____ ZIP: _____ From: ____/____ to ____/____

Address: _____ City: _____ State: _____ ZIP: _____ From: ____/____ to ____/____

Address: _____ City: _____ State: _____ ZIP: _____ From: ____/____ to ____/____

Address: _____ City: _____ State: _____ ZIP: _____ From: ____/____ to ____/____

Phone: (____) _____ - _____ County of Residence: _____

Position Applying For: _____ Temporary: _____ Part Time: _____ Full Time: _____

Education

Highest Grade Completed: _____ College: _____ Trade School: _____

Last School Attended: _____ City: _____ State: _____

Driving School Attended: _____ City: _____ State: _____ Completion Date: _____

General

Have you ever been convicted of a felony? _____ (If yes, please explain fully in comments section in the back of this application. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered.)

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, When? _____

Are you authorized to work in the United States? _____

Employment Record

The U.S Department of Transportation requires that diver applicants show all employment for the past three years effective July, 1987. Drivers applicants must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21(b)(10),(11).

Start with the current or most recent position, including military experience.

Employer: _____ Supervisors Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Fax Number: _____

Position Held: _____ From ____/____/____ To ____/____/____

Reason for Leaving: _____



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Employer: _____ Supervisors Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Position Held: _____ From ____/____/____ To ____/____/____
 Reason for Leaving: _____

Employer: _____ Supervisors Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Position Held: _____ From ____/____/____ To ____/____/____
 Reason for Leaving: _____

Employer: _____ Supervisors Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Position Held: _____ From ____/____/____ To ____/____/____
 Reason for Leaving: _____

Employer: _____ Supervisors Name: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Telephone Number: _____ Fax Number: _____
 Position Held: _____ From ____/____/____ To ____/____/____
 Reason for Leaving: _____

Driver Experience and Qualification

Driver license held in the past 3 years; must be shown

State	License Number	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
2. Has any license, permit or privilege ever been suspended or revoked?
Yes ___ No ___
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
Yes ___ No ___
4. Do you have a valid medical certificate?
Yes: _____ No: _____ If yes, Expiration Date: _____



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Driving Experience

Class of Equipment	Types of Equipment (Van, Flat, Tank, Etc.)	From	To	Approximate Miles Driven
Straight Truck				
Tractor & Semi Trailer				
Doubles				
Other				

Accident Review for Past 3 Years

Date (Most Recent First)	Nature of Accident: (Head-On, Rear-End, Upset, Etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years Other Than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please note them in the other comments section in the back of this application.

Drug and Alcohol Testing

Pursuant to changes effective August 1, 2000, in Part 40 of the Federal Motor Carrier Safety Regulations, this section is being added to the driver application and should be completed by each applicant. These changes require each motor carrier to inquire the prospective driver's information in the questions below.

Have you, the applicant, had a positive alcohol or drug test result or refused to take a DOT drug or alcohol pre-employment test within the past 3 years from a motor carrier who did not hire you? Yes _____ No _____

Name of Motor Carrier: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____ - _____

In addition, if the answer to the above question is "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____ - _____



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Comments Section:

Applicant's Signature

____/____/____

Date

Application Status:

Approved _____ Denied _____