

**EMPLOYMENT HISTORY**

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you worked for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program, whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent for these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

**LAST EMPLOYER:**

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

**2ND LAST EMPLOYER:**

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

**3RD LAST EMPLOYER:**

NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SUPERVISOR'S NAME \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU OPERATE A CDL VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTICE TO APPLICANT**

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? \_\_\_\_\_

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.

I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.

I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.

I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.

If hired, I agree to abide by all the rules and policies of this carrier.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**OFFICE USE ONLY**

APPLICATION RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF HIRE