

# DRIVER APPLICATION FOR EMPLOYMENT

5391.21

Office Use Only:  
Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF CARRIER \_\_\_\_\_

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

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

## PERSONAL DESCRIPTION

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ LAST FIRST MIDDLE INITIAL  
PHONE NO. (\_\_\_\_) \_\_\_\_\_ AREA

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

LAST 3 YEARS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AT PHONE NO. (\_\_\_\_) \_\_\_\_\_ AREA

POSITION APPLYING FOR \_\_\_\_\_ PAY RATE EXPECTED \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES FROM \_\_\_\_\_ TO \_\_\_\_\_

MONTH/YEAR MONTH/YEAR

ARE YOU EMPLOYED? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO \_\_\_\_\_ YES \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO \_\_\_\_\_ YES \_\_\_\_\_

## DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

LICENSE TYPE (I.E. CDL CLASS A) \_\_\_\_\_ CDL ENDORSEMENTS \_\_\_\_\_

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN REASON \_\_\_\_\_

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN REASON \_\_\_\_\_

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE \_\_\_\_\_

Applicant's Signature

## EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

OTHER TRAINING \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO \_\_\_\_\_ YES \_\_\_\_\_

## DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY) _____		

## ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

## TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)

## 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 (\_\_\_\_\_) \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

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

## REQUEST INFORMATION FROM PREVIOUS EMPLOYER

DRIVER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

DRIVER'S CDL #: \_\_\_\_\_

MAIL TO FORMER EMPLOYER: \_\_\_\_\_

REQUESTED BY PROSPECTIVE EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment History

THE ABOVE REFERENCED INDIVIDUAL STATES THAT HE/SHE WAS EMPLOYED BY YOU AS A COMMERCIAL MOTOR VEHICLE DRIVER \_\_\_\_\_ TRUCK DRIVER \_\_\_\_\_ BUS DRIVER \_\_\_\_\_ OTHER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_. WILL YOU PLEASE REPLY TO THE INQUIRY BELOW RESPECTING THIS APPLICANT. YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY INVOLVE YOU IN ANY RESPONSIBILITY. FOR YOUR CONVENIENCE IN REPLYING BY RETURN MAIL, WE HAVE ENCLOSED A STAMPED SELF-ADDRESSED ENVELOPE.

NAME OF CARRIER OFFICIAL: \_\_\_\_\_

SIGNATURE OF CARRIER OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Is the employment record with your company correct as stated? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? \_\_\_\_\_ Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_  
Tractor-Semi-trailer \_\_\_\_\_ Other(specify) \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved. \_\_\_\_\_
6. Reason for leaving employment: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

### Alcohol & Drug History

Yes No

1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [ ] [ ]
2. Has the above named driver verified positive for a controlled substances test result? [ ] [ ]
3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months? [ ] [ ]

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

\_\_\_\_\_ or [ ] check here if it is unknown if the driver received treatment.

Name

Telephone

### Authorization to Release

I, \_\_\_\_\_, do hereby authorize  
to contact my previous employer(s) in accordance with current US DOT rules and regulations as set forth in 49 CFR 382.413  
in order to obtain the following information for the preceding two years:  
I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Driver's signature

Date

Witness's Signature

Date