

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
 (FIRST) (MIDDLE) (MAIDEN IF ANY) (LAST)

ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____	_____	_____	# YEARS _____
(STREET)	(CITY)	(STATE AND ZIP CODE)	
_____	_____	_____	# YEARS _____
(STREET)	(CITY)	(STATE AND ZIP CODE)	
_____	_____	_____	# YEARS _____
(STREET)	(CITY)	(STATE AND ZIP CODE)	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES
MONTH/YEAR AND REASON _____
Were you subject to the Federal Motor carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES
MONTH/YEAR AND REASON _____
Were you subject to the Federal Motor carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____
PHONE NO. _____ FAX NO. _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES
MONTH/YEAR AND REASON _____
Were you subject to the Federal Motor carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquires to 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."

DATE
This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE
Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I. (PRINT NAME) _____	
Hereby Authorize:	First _____ M.I. _____ Last _____ Social Security Number _____ Date of Birth _____
Previous Employer:	Email _____
Street _____	Telephone _____
City, State, Zip: _____	Fax No. _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances testing records within the previous 3 years from _____ Employment application date	
To:	Prospective Employer _____
Attention:	Telephone: _____
Street:	_____
City, State, Zip:	_____
In compliance with *40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentially, such as fax, email, or letter.	
Prospective employer's fax number	_____
Prospective employer's email address:	_____
_____	_____
Applicant's Signature	Date
This information is being requested in compliance with *40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from m/y _____ to m/y _____				
1. Did he/she drive motor vehicle(s) for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/>				
Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>				
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
ACCIDENTS: Complete the following for any accidents included on your accident register (*390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
DATE	LOCATION	# INJURIES	# FATALITIES	HAZMAT SPILL
1.				
2.				
3.				
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:				

Any other remarks:				

Signature: _____				
Title: _____ Date: _____				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Part 3 sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
YES NO

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
YES NO

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
YES NO

4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
YES NO

5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
YES NO

6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

