

# Driver Employment Application

Company Name:	Email:
Address:	Phone Number:

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security #:	Email:
Date of Application:	Date Available for Work:	Phone Number:
Position Applied for:		Do you have legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS THREE YEARS RESIDENCY					Attach additional sheet if more space is needed
	Street	City	State	Zip Code	# of Years at Address
Current					
Previous					
Previous					
Previous					

DRIVERS LICENSE INFORMATION					Attach additional sheet if more space is needed
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years;					
State	License #	Type/Class	Endorsements	Expiration Date	
Previously Held Licenses					

DRIVER EXPERIENCE					Attach additional sheet if more space is needed
	Class and Type of Equipment (Van, Tank, Flat, Etc.)	Date from:	Date to:	Approx # of Miles (total)	

**ACCIDENT RECORD FOR THE PAST 3 YEARS***Attach additional sheet if more space is needed.*Check this box if none ☐

Dates (List most recent first)	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	# Fatalities	# Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**Check this box if none ☐

Date Convicted (month/year)	Violation	State of Violation	Penalty (Forfeited Bond, Collateral and/or Points)

**REQUIRED QUESTIONS***Applicant must answer*

Question	Yes or No
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any criminal act involving the use of CMV or while driving a CMV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any law violation? (Include ANY pleas of "Guilty" or "No Contest" except for minor traffic violation)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answered 'Yes' to ANY of the above 4 questions, applicant **MUST** attach a statement of explanation.**EDUCATION**

School	Name and Location	Course of Study	Details	Years Completed	Graduate
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

**NOTES:**

**EMPLOYMENT HISTORY**

Attach additional sheet if more space is needed.

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

**A TOTAL OF 10 YEARS WORK HISTORY IS REQUIRED. ALL GAPS IN TIME MUST BE SHOWN.**

**CURRENT OR MOST RECENT EMPLOYER**

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**NEXT PREVIOUS EMPLOYER**

Business Name:	Name of Supervisor:	Employment Start Date:	Employment End Date:	
Phone Number:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	City:	State: Zip Code:
Position:	Salary:	Reason for Leaving/ Explain Any Gaps		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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### NEXT PREVIOUS EMPLOYER

Business Name:		Name of Supervisor:		Employment Start Date:		Employment End Date:	
Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
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				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
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Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
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Phone Number:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address:		City:	
				State:		Zip Code:	
Position:		Salary:		Reason for Leaving/ Explain Any Gaps			
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> Yes <input type="checkbox"/> No			

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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.

**Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

# Fair Credit Reporting Act

## Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

<hr/> <b>Applicant Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Print Name</b>	<hr/> <b>Social Security #</b>
<hr/> <b>Employer Witness</b>	<hr/> <b>Title</b>

# Certification of Compliance With Driver License Requirements

**MOTOR CARRIER INSTRUCTIONS:**

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:**

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:**

I certify that I have read and understand the above requirements.  
The following license is the only one I will possess:

Driving License #	State	Expiration
Driver Signature		Date

# Driver Statement of On-Duty Hours

**INSTRUCTIONS:**

Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name				Driving License #				State	
Day	1	2	3	4	5	6	7		
Date									
Hrs. Worked								Total Hrs. Worked	

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at:

Time On

Signature Date

# Driver Certification for Other Compensated Work

PLEASE ANSWER QUESTIONS	
Are you currently working for another employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At this time do you intend to work for another employer while still employed by this carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.</p> <p>Signature Date</p>	