COMMERCIAL DRIVER APPLICATION

Company_____
Address_____
City_____ **State**_____ **Zip**_____

APPLICANT INFORMATION

DATE_____ **Position applying for:** Contractor Driver Contractor's Driver
NAME_____
PHONE (____)_____ **EMERGENCY PHONE** (____)_____
AGE_____ **DATE OF BIRTH**_____ **SS#**_____
(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE_____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:
_____FROM_____TO_____
_____FROM_____TO_____
_____FROM_____TO_____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____Yes _____No
If yes, give dates: From_____ To_____
Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone (____)_____

Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone (____)_____
Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone ( )_____

Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone ( )_____

Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone ( )_____

Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone ( )_____

Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No

Mo/Yr From_____ Mo/Yr To_____ Present or Last Employer Name_____

Position Held_____ Address_____

Reason for leaving_____ Company phone ( )_____

Were you subject to the FMCSRs while employed here? _____Yes _____No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____Yes _____No
(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years:_____

List special courses/training completed (PTD/DDC, HAZMAT, ETC)_____

List any Safe Driving Awards you hold and from whom:_____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____Yes _____No
Has any license, permit or privilege ever been suspended or revoked? _____Yes _____No
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____Yes _____No

Have you ever been convicted of a felony? _____Yes _____No
If the answers to any questions listed above are "yes", give details_____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name_____ Address_____ Phone_____

Name_____ Address_____ Phone_____

Name_____ Address_____ Phone_____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

Applicant Signature_____ **Date**_____

Remarks: (For office use only)