

DRIVER'S APPLICATION FOR EMPLOYMENT

EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone () _____

Address _____
Street City State Zip

Position Held _____ Dates: / / - / /

Type Equip. Driven _____ Were you regulated by FMCSA during this job? Yes No

Areas Driven In _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

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DRIVER EXPERIENCE & QUALIFICATION

LICENSES List all licenses held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
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Do you currently hold more than one valid license? Yes No

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg's? Yes No

If answered Yes to any of the above questions, please give details: _____

EXPERIENCE

			Dates	
Class of Equipment	Type (Van, Tank, Etc.)	From	To	

List states operated in during last five years _____

List safe driving awards held & who presented by _____

Accident Review for past 3 years:

<u>Date</u>	<u>City, State</u>	<u># Fatalities</u>	<u># Injuries</u>	<u>Nature of Accident</u> (Head-on, Rear-end, etc.)

Motor Vehicle Laws & Ordinances for the past 3 years other than parking violation:

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigating my safety performance history information as required by 391.23 (d)&(e). 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.

Signature of Applicant

Date

OFFICE USE ONLY Hire Date: _____ Employment Denial Date: _____ Staff Initials: _____