

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED: \_\_\_\_\_ REJECTED: \_\_\_\_\_  
DATE EMPLOYED: \_\_\_\_\_ POINT EMPLOYED: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)  
SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_  
VOLUNTARILY QUIT: \_\_\_\_\_ DISMISSED : \_\_\_\_\_ OTHER : \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

APPLICANT TO COMPLETE



Address _____	Mo. ___ Yr. ___
City: _____	Position Held: _____
Contact Person: _____	To _____
State _____	Mo. ___ Yr. ___
Zip: _____	Salary/Wage: _____
Fax #: _____	Reason For Leaving: _____
<b>or email</b>	
<p>WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___</p> <p>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___</p>	

EMPLOYER Name: _____	DATE From _____ To _____
Address _____	Mo. ___ Yr. ___ Mo. ___ Yr. ___
City: _____	Position Held: _____
Contact Person: _____	Salary/Wage: _____
State _____	Reason For Leaving: _____
Zip: _____	
Fax #: _____	
<b>or email</b>	
<p>WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? Yes ___ No ___</p> <p>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL NO YES TESTING REQUIREMENTS OF 49 CFR PART 40? Yes ___ No ___</p>	

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EMPLOYER	DATE
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- Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

<b>ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE</b>				
<b>LAST ACCIDENT</b>				
DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

( HEAD-ON, REAR-END, UPSET, ETC.)

**NEXT PREVIOUS**

DATE	NATURE OF ACCIDENT ( HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
_____	_____	_____	_____	_____

**NEXT PREVIOUS**

DATE	NATURE OF ACCIDENT ( HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
_____	_____	_____	_____	_____

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED**

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either A or B is yes, give details: \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES Total
Straight Truck Yes ___ No ___	(VAN, TANK, FLAT, DUMP, REFER)	_____	_____
TRACTOR AND SEMI-TRAILER Yes ___ No ___	(VAN, TANK, FLAT, DUMP, REFER)	_____	_____
TRACTOR -TWO TRAILERS Yes ___ No ___	(VAN, TANK, FLAT, DUMP, REFER)	_____	_____
TRACTOR -THREE TRAILERS Yes ___ No ___	(VAN, TANK, FLAT, DUMP, REFER)	_____	_____

MOTORCOACH-SCHOOLBUS MORE THAN 8 PASSENGERS

Yes \_\_\_ No \_\_\_

MOTORCOACH-SCHOOLBUS MORE THAN 15 PASSENGERS

Yes \_\_\_ No \_\_\_

OTHER \_\_\_\_\_

LIST STATES OPERATED IN FOR LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY), \_\_\_\_\_ (STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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

## New Hire Items Needed With Application

1. Copy of Drivers MVR, the MVR has to be dated within a 2 week period of us getting that person's application.
2. Copy of that person's driver's license and medical card.
3. Any reference or previous employers listed on the application it is mandatory we have either a fax number or email address of the reference or previous employer.