

## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company \_\_\_\_\_

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

May COMTEX contact your current employer?  Yes  No  N/A

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 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 \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_

OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**

*(answer all questions - please print)*

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
*Last First Middle*

List your addresses of residency for the past three (3) years.

Current Address \_\_\_\_\_  
*Street City*  
 \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
*State Zip Code*

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
*Street City State & Zip Code*  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
*Street City State & Zip Code*  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
*Street City State & Zip Code*

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth *(required for commercial drivers)* \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before?  Yes  No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? *(answer only if a job requirement)*  Yes  No Name of bonding company \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

*(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)*

EMPLOYER	FROM		TO	
	MO	YR	MO	YR
NAME	POSITION HELD			
ADDRESS	SALARY/WAGE			
CITY STATE ZIP	REASON FOR LEAVING			
CONTACT PERSON PHONE				
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED	<input type="checkbox"/> Yes			<input type="checkbox"/> 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?	<input type="checkbox"/> Yes			<input type="checkbox"/> No

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 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) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			FROM		TO	
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**ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE. IF NONE, WRITE NONE. (attach sheet if more space is needed)**

	DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS. IF NONE, WRITE NONE. (other than parking violations; attach sheet if needed)**

LOCATION	DATE	CHARGE	PENALTY

**DRIVER EXPERIENCE AND QUALIFICATIONS**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
Driver licenses or permits held in the past three (3) years				

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**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – 2 TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR – 3 TRAILERS <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No more than 8 pp	---			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> Yes <input type="checkbox"/> No more than 15 pp	---			
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE (5) YEARS \_\_\_\_\_

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

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

**OTHER EXPERIENCE AND QUALIFICATIONS**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY. (attach sheet if necessary)

LIST COURSES AND TRAINING, OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION. (attach sheet if more space is needed)

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH, OTHER THAN THOSE ALREADY SHOWN. (attach sheet if necessary)

**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 are true and completed to the best of my knowledge.

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

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**

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