

Driver's Application for Employment

Applicant Name:	Date of Application
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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 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, healthcare 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, which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company I agree to repay the company. The company may deduct all or some of the wages due me, at any time to pay any amount I owe to company. Also any wages due me upon termination may be offset by payoff deductions against any such monies due to the company.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job it may be conditioned on the results of a physical exam and drug test.

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

I further certify that I am a genuine applicant and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I understand that information I provide regarding current and/or previous employer(s) may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those 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.
- If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Signature: _____

Date: _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied For:				Date:	
Last Name	First Name	Middle	Social Security No		
Current Address		City	State	Zip	How long?
Home Phone		Cell Phone		Additional Phone Number	
Previous Address for past three years					
Street		City	State	Zip	How long?
Street		City	State	Zip	How long?
Street		City	State	Zip	How long?
Age: _____ Date of Birth: _____ Can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i>					
Do you have the legal right to work in the United States?					
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Rate of Pay: _____ Position: _____					
Have you worked for this company under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, under what name? _____					
Dates: From _____ to _____ Reason for leaving: _____					
Why did you apply for work here? _____					
Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how long since leaving last employment? _____					
Who referred you? _____ Rate of pay expected: _____					
AVAILABILITY FOR WORK					
Type of work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Long Term <input type="checkbox"/> Temporary or Short Term					
Shifts or times: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating					
Days of the week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays					
Will you work daily overtime on occasion if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a problem with working out of town if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you work extra days in the week if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you plan to work elsewhere or attend school and work here too? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any shifts that you are unable to or unwilling to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			Do you have any continuing military obligations such as National Guard or Reserve, which might affect your work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PERSONAL HEALTH					
Are you willing to take a physical examination at the company expense? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact your personal physician if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you missed more than a day or two of work or school due to illness or injury within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any physical defects, chronic diseases, addictions or extremities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been hospitalized within the last 5 years for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you presently have any hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of bonding company: _____					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully on separate sheet of paper. <i>(Conviction of a crime is not an automatic bar of employment – all circumstances will be considered.)</i>					
Use this space and additional sheets for any explanations you may wish to give about answers given above:					

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent including military experience. Add another sheet if necessary.)

EMPLOYER		DATE	
Company Name		FROM MO YR	TO MO YR
Supervisor's Full Name	Phone Number	POSITION HELD	
Address		SALARY/WAGE	
City	State	Zip	REASON FOR LEAVING
Subject to the FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to Alcohol & Drug Testing under DOT Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account for period between jobs. Include dates (month/year and reason) ***			
EMPLOYER		DATE	
Company Name		FROM MO YR	TO MO YR
Supervisor's Full Name	Phone Number	POSITION HELD	
Address		SALARY/WAGE	
City	State	Zip	REASON FOR LEAVING
Subject to the FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to Alcohol & Drug Testing under DOT Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account for period between jobs. Include dates (month/year and reason) ***			
EMPLOYER		DATE	
Company Name		FROM MO YR	TO MO YR
Supervisor's Full Name	Phone Number	POSITION HELD	
Address		SALARY/WAGE	
City	State	Zip	REASON FOR LEAVING
Subject to the FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to Alcohol & Drug Testing under DOT Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account for period between jobs. Include dates (month/year and reason) ***			
EMPLOYER		DATE	
Company Name		FROM MO YR	TO MO YR
Supervisor's Full Name	Phone Number	POSITION HELD	
Address		SALARY/WAGE	
City	State	Zip	REASON FOR LEAVING
Subject to the FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to Alcohol & Drug Testing under DOT Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account for period between jobs. Include dates (month/year and reason) ***			

*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.

*** Any Gaps in employment and or unemployment must be explained.

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver's License (list all drivers licenses or permits held in the past 3 years)

State	License #	Type	Endorsements	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
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 If the answer to either A. B or C is YES, give details.

Accident Record for the past 3 years or more (*attach separate sheet of paper if more space is needed*)

Date	Location of Accident	Nature of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured	Hazardous Material Spill	Vehicles Towed

Traffic Convictions & Forfeitures for the past 3 years (other than parking violations)

Date	Location	Charge	Penalty

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Belly, Etc.)	Approx. No of Miles (Total)	Date From (M/Y) To (M/Y)
Motorcoach – School Bus			
Tractor & Semi-Trailer			
Tractor – Two Trailers			
Tractor – Three Trailers			
Other			

Maintenance Experience & Qualifications

Formal Training	Yrs of Exp	Formal Training	Yrs of Exp
Diesel Engine Repair		Electrical Repair	
Heavy Transmission Repair		Brakes	
Automotive Audio/Video		Welding	
Engine Cooling Systems		Body Work	
Air Conditioning/Heat		Auto Painting	
Automotive Detailing		Machine Shop	
Light Maintenance		Other	

Education – Last school attended:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 MBA PHD

TO BE READ AND SIGNED BY APPLICANT

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

Signature: _____

Date: _____