

DRIVER'S APPLICATION FOR EMPLOYMENT
SEC 391.21

COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

Applicant's Information

Name _____ Phone _____
(First) (Middle) (Last)

Current Address _____
(Street) (City) (St.) (Zip)

If you have been at above address for less than three years list previous addresses

Previous Address _____
(Street) (City) (St.) (Zip)

Previous Address _____
(Street) (City) (St.) (Zip)

Date of Birth _____ Social Security Number _____

Education

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
Last school attended _____
(Name) (Address)

Have you ever been bonded? _____ Bonding Co. _____
(Answer only if required for this job)

Have you ever been convicted of a felony? _____ Explain _____

(Conviction of a crime is not an automatic disqualification. Each applicant will be considered on a case by case basis)

Have you or a relative ever worked for this company? _____
If yes who, where and when _____

Driver Experience

Driver licenses held in the last three years

State	License Number	Class	Endorsements	Expiration date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied the privilege to operate a motor vehicle? _____
 Have your driving privileges ever been suspended or revoked? _____
 Have you ever been disqualified for violations of the F.M.C.S. Regulations? _____
 If you have answered yes to the previous three questions please explain _____

Driving Experience

Equipment operated	Type of Equipment (van, tank, flat,)	Dates		Approximate Miles
		from	to	
Straight Truck	_____	_____	_____	_____
Tractor trailer	_____	_____	_____	_____
Combinations	_____	_____	_____	_____
Other	_____	_____	_____	_____

States you have operated in during the last five years _____

List any driving courses or special training you have received _____

List any driving awards you have received and from whom? _____

Accident review for last three years

Dates List latest first	Type of accident (head-on, rear-end, roll-over, etc)	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures for past three years (not parking)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Record

You must show all employment for the last three years and all commercial driving employment for the last seven years. (List latest first) This must be filled in completely. Do not write "see resume" etc.

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Employer _____	Supervisor _____
Address _____	Phone _____
Position held _____	From _____ To _____
Reason for leaving _____	

Are you certified to operate Lift Trucks? If so what types? _____

Applicant Must Read This and Sign Below

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to verify all of my employment, safety, violations, driving record, and any other historical information. I release all previous employers, their agents, this employer, their agents, and any service utilized to verify my historical information, from any liability for any damages, real or perceived, on account of the information furnished or discovered. I understand that as an applicant for a driving position in this company, this application, this company, and I are subject to the rules and regulations 49 CFR sections 391 and 382, and Section 604 of the Fair Credit Reporting Act.

I know I may be asked to demonstrate my ability to perform the tasks pertinent to this job.

I understand that this job will be on condition of passing a physical exam and drug test.

I certify that I have completed this form for the purpose of being hired by this employer and no other reason.

It is also agreed, that I have been told that an investigation of my history may include but not be restricted to an investigative consumer report, including my character, general reputation, personal activities, personal characteristics, and mode of living.

I agree to furnish additional information as deemed necessary by my employer.

I understand that any misrepresentation or omission of information or facts on these forms may result in my rejection or dismissal.

If hired I agree to abide by all the rules and policies of this employer

My signature below certifies that I have personally completed this application and all entries are true and accurate to the best of my ability, and I agree to the conditions listed above.

Applicants signature Date _____

For office use. Do not write below this line

EMERGENCY CONTACTS _____
(name) (Phone)
 Address _____

Ratings	Excellent	Good	Fair	Poor	Below Co. Standards	Written record on file
Application	_____	_____	_____	_____	_____	_____
Interview	_____	_____	_____	_____	_____	_____
Physical Exam	_____	_____	_____	_____	_____	_____
Past employment	_____	_____	_____	_____	_____	_____
Road test	_____	_____	_____	_____	_____	_____
Policy and traffic record	_____	_____	_____	_____	_____	_____

Signature of interviewing officer _____ Date _____ Applicant Hired? yes No
 Date Employed _____ Position _____
 (If not hired, report of reasons should be attached to this form)

PREVIOUS EMPLOYMENT HISTORY

(To be completed by prospective employee)

Complete one of these for each employer in the last three years

I, _____ (Print first and last name) _____ (Social Security number)

Authorize my previous employer

Previous employer's name _____

Phone _____ Fax _____

To release my records pertaining to my employment history

Prospective employer _____ Attn: _____

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____

I understand that 49CFR sec 391.23 requires that my new employer obtain this information for the previous three years.

Applicant's signature _____ Date _____

Substance abuse history

Sec 391.23 (d)

Was the above individual ever subject to DOT alcohol and controlled substance testing requirements while employed by you? Yes _____ No _____ if no, than proceed to next section

Has the above individual ever tested positive for a controlled substance, had an alcohol test with a concentration result higher than 0.04, or refused to submit for either of these tests in the last three years. If so, explain the circumstances and what action was taken by you and the employee to regain certification _____

Responder's Signature _____ Date _____

Driving record

Sec 390.5

Please list all accidents as defined in 390.5 the above individual has been involved in for the last three years

Date of accident	Location	Type of vehicle driven
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Documentation of attempts to obtain this information

Attempt	Faxed	Mailed	Emailed	Phoned	Date
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Attempt 1	_____	_____	_____	_____	_____
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Attempt 2	_____	_____	_____	_____	_____
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Attempt 3	_____	_____	_____	_____	_____
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Previous employer has failed to respond or could not be contacted _____

(Initial)

(Signature of requester)

(Title of requester)