

**APPLICATION FOR EMPLOYMENT - DRIVER**

NAME \_\_\_\_\_  
                                   (FIRST)                                  (MIDDLE)                                  (MAIDEN NAME, IF ANY)                                  (LAST)

ADDRESS \_\_\_\_\_  
                                   (STREET)                                  (CITY)                                  (STATE & ZIP CODE)                                  (HOW LONG)

DATE OF BIRTH \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ SS # \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP CODE)	_____ # YEARS
_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP CODE)	_____ # YEARS
_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP CODE)	_____ # YEARS

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license" I certify that I do not have more than one motor vehicle license, the information for which is listed below:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX NUMBER OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO  
 If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES NO  
 If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD**

*(Attach Sheet if More Space is Needed)*

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Any Gaps in Employment and/Or Unemployment must be explained. Include dates (month/year)

And Reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Any Gaps in Employment and/Or Unemployment must be explained. Include dates (month/year)

And Reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Any Gaps in Employment and/Or Unemployment must be explained. Include dates (month/year)

And Reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to 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 current/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."

\_\_\_\_\_  
Date Applicant's Signature

*This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.*

\_\_\_\_\_  
Date Applicant's Signature

*Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.*

**WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.**

**RELEASE OF BACKGROUND INVESTIGATION**

I voluntarily and knowingly authorize \_\_\_\_\_ (the Company) or its authorized agents, for employment purposes only, to obtain or prepare consumer reports or investigative consumer reports ("Reports") as part of the process of my applying for employment. I understand that if the Company hires me or contracts for my services, I also voluntarily and knowingly authorize the Company to prepare and obtain Reports throughout my employment or contract period. I understand that Reports may include information about my prior employment or military record, education, credit worthiness and history, general reputation, criminal history at county, state, federal and national levels, worker's compensation history, and/or motor vehicle history. I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates.

I understand that upon written request to the Company, I will be informed whether a Report was requested and given information as to the nature and scope of the Report.

I hereby authorize and request any current or former employer, educational institution, licensing agency, governmental agency, or other individuals and sources to furnish any and all information relating to me that is requested by the Company and/or Employment Screening Associates (ESA).

A photocopy of this authorization shall have the same force and effect as the original. I agree to assist and cooperate with the Company's investigation of my background, including providing all the necessary documents requested by the Company.

If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here. •

<b>PLEASE FILL IN EACH BLANK SPACE</b>			
<b>PLEASE PROVIDE ALL REQUESTED INFORMATION AND PROVIDE ADDRESSES FOR THE LAST SEVEN- (7) YEARS</b>			
NAME:		PHONE:	
FORMER NAME:		SOCIAL SECURITY:	
CURRENT ADDRESS:		PREVIOUS ADDRESS:	
CITY:		CITY:	
STATE/ZIP:		STATE/ZIP:	
COUNTY:		COUNTY:	
LENGTH OF RESIDENCE:	Years: _____ Months: _____	LENGTH OF RESIDENCE:	Years: _____ Months: _____
DRIVERS LICENSE STATE:		DL NUMBER:	
DATE OF BIRTH: _____			
MAY WE CONTACT YOUR CURRENT EMPLOYER?		HAVE YOU EVER BEEN CONVICTED	
YES: _____	NO: _____	YES _____ NO _____ IF YES APPROX DATE: _____	
		CITY: _____	
		STATE: _____	
<small>In addition to authorizing background investigations as deemed necessary by Company. I certify that the information I have provided is true and complete, and I understand that false or incomplete statements of material fact on this authorization or in any prior communication to the Company will be sufficient cause for my dismissal.</small>			

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please complete if you have a CDL Drivers License.

**Attention CDL Drivers:**  
*The DOT Drug & Alcohol Clearinghouse arrives January 6, 2020*

**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCS's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701 (b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701 (b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

**AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
(Driver's printed name)

\_\_\_\_\_  
Name of motor carrier

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL NOTES (ACCIDENT RECORD)**

**ADDITIONAL NOTES (TRAFFIC VIOLATIONS)**

**ADDITIONAL NOTES (EMPLOYMENT RECORD)**