

## Driver Application

### Personal Information

Name: _____	Social Security Number: _____
Address: _____ _____ _____	Date of Birth: _____ Phone #: _____
City: _____ State: _____ Zip: _____	Have you ever worked or applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Date: _____
Emergency Contact: _____	Relationship: _____ Phone #: _____

### Residence Addresses for the Past Three (3) Years

	Street	City	State	Zip
1)				
2)				
3)				

### Education

Have you attended truck-driving school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date: _____
If yes, name of school: _____	City: _____ State: _____ Zip: _____
Highest Grade Completed: _____	Last school attended: _____ Degrees & honors received: _____
Other education: _____	

### Military Status

Have you served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch: _____
Dates of service:    From: _____ To: _____	Any special skills: _____

### Driving Experience

Type of Equipment Operated	Years of Experience	Approximate Miles Driven	Awards for Safe Driving
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Full Trailer			
Other			

In What States Have You Driven Regularly?



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### Driving / Work Experience

PLEASE INCLUDE ALL DATES, INCLUDING UNEMPLOYED TIME, BEGINNING WITH YOUR MOST RECENT EMPLOYER. LIST ALL EMPLOYERS FOR THE PREVIOUS TEN (10) YEARS FOR CDL DRIVERS AND THREE (3) YEARS FOR NON-CDL DRIVERS.

Name of Company:		Area Code:	Phone Number:	
Address:		City:	State:	Zip:
Start Date:	End Date:	Reason for Leaving:		
Position:		Supervisor Name:		
Equipment Operated:		Were you required to Comply with the FMCSR's (Yes / No)?		
Accidents:		Were you required to Submit to Drug / Alcohol Testing (Yes / No)?		
Name of Company:		Area Code:	Phone Number:	
Address:		City:	State:	Zip:
Start Date:	End Date:	Reason for Leaving:		
Position:		Supervisor Name:		
Equipment Operated:		Were you required to Comply with the FMCSR's (Yes / No)?		
Accidents:		Were you required to Submit to Drug / Alcohol Testing (Yes / No)?		
Name of Company:		Area Code:	Phone Number:	
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Equipment Operated:		Were you required to Comply with the FMCSR's (Yes / No)?		
Accidents:		Were you required to Submit to Drug / Alcohol Testing (Yes / No)?		
Name of Company:		Area Code:	Phone Number:	
Address:		City:	State:	Zip:
Start Date:	End Date:	Reason for Leaving:		
Position:		Supervisor Name:		
Equipment Operated:		Were you required to Comply with the FMCSR's (Yes / No)?		
Accidents:		Were you required to Submit to Drug / Alcohol Testing (Yes / No)?		



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### Driver's License Information

<p><b>Have you ever been convicted of DWI, DUI, OWI, Careless or Reckless Driving?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Date: _____</p>	<p><b>Have you ever been convicted of a felony?*</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Date: _____</p>												
<p><b>Has your license (any) or privilege to drive ever been suspended or revoked for ANY reason?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Date: _____</p>	<p><b>List ALL driver's licenses that you presently hold or have held in the past three (3) years.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">License Number</th> <th style="width: 20%;">State</th> <th style="width: 20%;">Expiration</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	License Number	State	Expiration									
License Number	State	Expiration											
<p><b>Have you ever been convicted of any misdemeanor other than a traffic violation?*</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, Date: _____</p>													
<p><small>* Disclosure of this information does not necessary disqualify you from consideration</small></p>													

### Accidents

List and explain in detail, giving date, location of all accidents (regardless of fault) that you have been involved in during the past three (3) years in any type of vehicle. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. If you have not been involved in any accidents in the past three (3) years write "None."**

	Date	Type Vehicle	Whose Fault	Fatalities Yes or No	Injuries Yes or No	\$ Amount of Damage	Explanation
1)							
2)							
3)							
4)							

### Traffic Violations

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. If you have no traffic violation convictions or forfeited bonds in the past three (3) years write "None."**

Type of Violation	Date	City	State	Penalty



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### Agreement

(Please read the following statements carefully.)

I understand that the company follows the practice of requiring driver applicants to successfully complete a physical examination (as prescribed by the Federal Motor Carrier Safety Regulation Section 391. 41) which includes a substance abuse test, as a term and condition of qualification and from time to time thereafter to submit to a alcohol or substance abuse test as specified in the Federal Motor Carrier Safety Regulations Section 382. Therefore, I hereby knowingly and freely give my consent to submit to a physical examination, including a substance abuse test, and further agree to submit to a random alcohol or substance abuse test from time to time when so requested. I understand that my inability to successfully complete a physical examination, and/or any alcohol or substance abuse test would be cause for denial of qualification or disqualification if qualified.

In connection with my application for qualification (including contract for services) with you, I understand that consumer reports, which contain public record information, may be requested from Third Party providers including the Federal Motor Carrier Safety Administration. These reports may include the following types of information: work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from other providers concerning previous driving records requests made by others from such state agencies and state provided driving records.

I have the right to make a request to Third Party providers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Third Party providers has previously furnished within the three year period preceding my request. I hereby consent to your obtaining the above information which Third Party providers has or obtains, and my employment history with you if I am qualified by you, will be supplied by Third Party providers to other companies which subscribe to other providers.

I hereby authorize procurement of consumer report(s). If qualified, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my qualification period.

This certifies that this application was completed by me and that all entries on it and information in it are true and correct to the best of my knowledge. I also agree that falsified information or significant omissions may result in my disqualification now or at any time.

I understand I have the right to review information provided by past employer, have errors corrected by previous employer and resubmitted to this carrier and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand I must request past employer information obtained by this carrier in writing within 30-days of my application date.

In accordance with Section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations, I hereby authorize any and all persons and/or institutions to provide any relevant information that may be required to complete my qualification.

**Have you tested positive or refused a test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

Yes  No

**Have you ever tested positive or refused any drug or alcohol test during the past five years?**

Yes  No

**Driver Certification for Other Compensated Work:**

Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations require a driver to report all on duty time including time working for other employers. This includes time performing any work in the capacity of, or in the employ or service of a motor carrier (including a private motor carrier) or a non-motor carrier.

Are you currently working for another motor carrier or non-motor carrier?

Yes  No

Do you intend to work for another motor carrier or non-motor carrier while working for this carrier?

Yes  No

Do you agree to notify this carrier if you do intend to work for another motor carrier or non-motor carrier while working for this carrier?

Yes  No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

