
COMMERCIAL DRIVER APPLICATION

DATE OF APPLICATION: _____ HIRE DATE: _____

NAME _____
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____
(Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

Have you worked for the company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Rate of new pay expected _____

EXPERIENCE AND QUALIFICATIONS-----DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

DATE	VIOLATION	STATE	CMV	
			YES	NO

(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 _____

B. Has any license, permit or privilege ever been suspended or revoked?
YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING
EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____	SUPERVISOR _____		
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes _____ No _____

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history 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 drive to have waived their request to review the records.

CERTIFICATION

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature Date

Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name N

ame

Title T Date: _____

itle Date: _____

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date first Used in Safety Sensitive Position: _____

Date of Termination: _____

COMMERICAL VEHICLE DRIVER APPLICANT
 Controlled Substance and Alcohol Questionnaire
 Pursuant to 49 CFR part 40.25(j)

Application Date: _____

Name _____
First M Middle L Last

Address _____ Home Telephone _____

Cell Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</u>	YES	NO
If YES-----Have you successfully completed the return to duty process?	YES	NO
If YES-----Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.	YES	NO

Applicant's Signature _____ Date _____

 Signed

PREVIOUS EMPLOYER INFORMATION

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Federal Motor Carrier Safety Administration.

TO: _____ DATE: _____
Former Employer's Name _____
Mailing Address _____
City/State/Zip _____
Telephone # _____ Fax Number _____

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, Release the above named company, and it's employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company: _____

Address/City/State/Zip: _____

Contact Person & Title: _____

Telephone number: _____

Fax number: _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

1. Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO (If NO, please explain.)

2. If employed as a driver, please answer the following:

Company Driver? _____ Owner/Operator? _____ Other? _____

Type of truck(s) and/or truck/tractor(s) operated: _____

Commodities transported: _____

3. Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

4. Why did this employee leave your company?

5. Would you re-employ this person? YES or NO (IF NO, please explain:)

6. Additional comments:

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING
3 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____

Verified positive controlled substances test results? YES or NO If yes, please give date(s): _____

Refusals to be tested? YES or NO If yes, please give date(s): _____

Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____