

Employment History

List employers in reverse order starting with the most recent

- All driver applicants to driver 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 vehicle¹ in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

Employer #1: _____	Phone: _____
Address: _____	
Street	City State Zip
Position Held: _____	Dates of Employment: from _____ to _____
Reason for Leaving: _____	May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> yes <input type="checkbox"/> no	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer #2: _____	Phone: _____
Address: _____	
Street	City State Zip
Position Held: _____	Dates of Employment: from _____ to _____
Reason for Leaving: _____	May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> yes <input type="checkbox"/> no	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no	
Employer #3: _____	Phone: _____
Address: _____	
Street	City State Zip
Position Held: _____	Dates of Employment: from _____ to _____
Reason for Leaving: _____	May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> yes <input type="checkbox"/> no	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no	

¹ 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.

² 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 lbs 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.

Employment History *(continued)*

Employer #4: _____ Phone: _____			
Address: _____			
Street	City	State	Zip
Position Held: _____ Dates of Employment: <i>from</i> _____ <i>to</i> _____			
Reason for Leaving: _____ May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no			
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> yes <input type="checkbox"/> no			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			
Employer #5: _____ Phone: _____			
Address: _____			
Street	City	State	Zip
Position Held: _____ Dates of Employment: <i>from</i> _____ <i>to</i> _____			
Reason for Leaving: _____ May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no			
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> yes <input type="checkbox"/> no			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			
Employer #6: _____ Phone: _____			
Address: _____			
Street	City	State	Zip
Position Held: _____ Dates of Employment: <i>from</i> _____ <i>to</i> _____			
Reason for Leaving: _____ May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no			
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> yes <input type="checkbox"/> no			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> yes <input type="checkbox"/> no			

(Please use the reverse side if more space is needed)

Education

Last school attended: _____

Name City State

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Driving Experience and Qualifications

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates (from – to)	Approximate number of total miles
Straight Truck		-	
Tractor and Semi-trailer		-	
Tractor – two trailers		-	
Other		-	

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards to you have and from whom? _____

Accident Records for Past 5 Years

List accidents in reverse order starting with the most recent

Date	Nature of Accident	Fatalities	Injuries
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

(Please use the reverse side if more space is needed)

Traffic Convictions and Forfeitures for Past 5 Years

List convictions and forfeitures in reverse order starting with the most recent – do not include parking violations

Date	Location	Charge	Penalty

(Please use the reverse side if more space is needed)

Other Experience and Qualifications

Please use reverse side if more space is needed

Show any trucking, transportation, or other experience that may help in your work for this company:

List courses and training other than shown elsewhere on this application that may help in your work for this company:

List special equipment or technical materials you can work with other than those already shown:

Declaration of Employment Status

I understand that I must provide my complete employment history for the past three (3) years, and all CDL required employment for the seven (7) years preceding that. Any gaps in employment longer than one (1) month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

To Be Read and Signed By Applicant

This certifies 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.

In the event of employment, I understand that false or misleading information given in my applications 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 employers 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 the 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.

Applicant's Signature

Date