DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last)			Hire Date (office use only)
You must list all previous addresses for 3 years	Address (street, city, state, zip code)		
	Address (street, city, state, zip code)		
Phone Number	Date of Birth		Social Security Number
Are you legally authorized to work in the U.S.?			Yes No
Emergency Contact Name		Relation	
Address		Phone Number	

DRIVER LICENSE INFORMATION

Driver License Number	State	Type	Expiration Date

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles

REQUIRED QUESTIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes No
Has any license, permit or privilege ever been suspended or revoked?	Yes No
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes No
Have you ever been convicted of any law violation? (Include any plea of "Guilty" or "No Contest" except for minor traffic violation)	Yes No

If you answered yes to any of the above 3 questions, attach a statement of explanation

TICKETS / ACCIDENTS/ ETC.

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities
Date	Description	# of Injuries / Fatalities

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty

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EMPLOYMENT RECORD

_____ Checking here certifies that the driver had no previous employment experience working for a DOT regulated employer during the preceding three years.

Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No

DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)

If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No

For additional blocks needed, please make a copy of this form

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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand 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.

This certifies 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.

Signature	Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

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