Drivers must have a completed and signed an employment application for all drivers that contains ' the information listed in 49 CFR.391.21

# DRIVER EMPLOYMENT APPLICATION

[COMPANY NAME, ADDRESS, PHONE NUMBER, AND EMAIL] An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION								
			MIDDLE			LAST		
FIRST NAME			NAME			NAME		
PHONE			EMAIL					
DATE OF BIRTH			SOCIAL S	ECURITY #				
DATE OF		POSITION					DATE AVAILABLE	
APPLICATION		APPLIED FOR					FOR WORK	

Do you have legal right to work in the United States?

□ YES □ NO

PREVIOUS THREE YEARS RESIDENCY							
	Attach additional sheet if me	ore space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS		
CURRENT							
MAILING							
PREVIOUS							
PREVIOUS							
PREVIOUS							

#### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS		EXPIRATION DATE					
	PREVOIUSLY HELD LICENSES								

DRIVING EXPERIENCE								
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)				
STRAIGHT TRUCK								
TRACTOR & SEMI-TRAILER								
TRACTOR & 2 TRAILERS								
TRACTOR & TANKER								
OTHER								

ACCIDENT RECORD FOR THE PAST 3 YEARS								
	Attach additional sheet if more space is needed. Check this box if none $\Box$							
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)									
	Attach additional sheet if more space is needed. Check this box if none $\Box$								
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)						

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	□ YES	$\Box$ NO
If yes, explain		
Have you ever been convicted of a felony? If yes, explain	□ YES	$\Box$ NO
Has any license, permit, or privilege ever been suspended or revoked?	□ YES	
If yes, explain		

# EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.* 

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER									
NAME						PHONE			
ADDRESS									
				FROM				то	
POSITION I	HELD			MO/YR				MO/YR	
REASON FO	OR LEAN	/ING						SALARY	
EXPLAIN ANY GAPS IN									
EMPLOYM									
month/yea	ar & rea	ison)							

ile employed here, were you subject to the Federal Motor Carrier Safety Regulations?						□ YES	$\Box$ NO	
/as the job designated as a safety-sensitive function in any Department of Transportation-regulated								
bject	to alco	hol and controlled substances testing as re	quired b	oy 49	CFR, part 40?		🗆 YES	□ NO
MOST R	ECENT)	EMPLOYER						
					PHONE			
			FROM			то		
HELD			MO/YR			MO/YR		
OR LEAV	/ING					SALARY		
IENT (In	clude							
nploye	ed her	e, were you subject to the Federal Motor C	arrier Sa	afety I	Regulations?		□ YES	$\Box$ NO
job de	esigna	ted as a safety-sensitive function in any Dep	partmen	t of T	ransportation-reg	ulated		
-	-						🗆 YES	□ NO
OST REC	CENT) E	MPLOYER						
					PHONE			
			FROM			то		
HELD			MO/YR			MO/YR		
OR LEAV	VING					SALARY		
/PLOYMENT (Include onth/year & reason)								
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While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	□ YES	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated		

mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  $\Box$  YES  $\Box$  NO

EDUCATION								
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS	GRAD	UATE	DETAILS		
			COMPLETED	Y	Ν			
High School								
College								
Other								

### OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

#### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. 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 resend 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 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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature	Da	ate	
Applicant Name (printed)			