



Date: _____

Position applying for: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone to Reach Me: _____

Rate of Pay Expected: \$ _____

Date Available: _____

Referred By: _____

Are you 18 years of age or older? Yes No

Can you provide proof of age? Yes No

Are you legally authorized to work in the U.S.? Yes No

Are you currently employed? Yes No

Last Employed: _____ (mm/day/year)

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might not be unable to perform the functions of the job for which you have applied?

Yes No

If yes, please explain:

Education

High School: _____ City/State: _____

Did you graduate? _____ Do you have a GED? Yes No

College: _____ City/State: _____

Did you graduate? _____ Major: _____

Employment

All driver applicants to drive 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 motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 year's information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent.)

1. Current / Most Recent Employer

Name: _____

Dates Employed From: _____ to: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

Position Held: _____ Salary/Wages: \$ _____

Reason for Leaving:

2. Next Previous Employer

Employer Name: _____

Dates Employed From: _____ to: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

Position Held: _____ Salary/Wages: \$ _____

Reason for Leaving:

3. Next Previous Employer

Employer Name: _____

Dates Employed From: _____ to: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

Position Held: _____ Salary/Wages: \$ _____

Reason for Leaving:

4. Next Previous Employer

Employer Name: _____

Dates Employed From: _____ to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

Position Held: _____ Salary/Wages: \$ _____

Reason for Leaving:

Motor Vehicle

List Accident Record(s) for the Past 3 Years or More (if none, enter N/A)

1. Date: _____ Description: _____

Injuries: Yes No Fatalities: Yes No Spills: Yes No

2. Date: _____ Description: _____

Injuries: Yes No Fatalities: Yes No Spills: Yes No

3. Date: _____ Description: _____

Injuries: Yes No Fatalities: Yes No Spills: Yes No

List Traffic Convictions and License Forfeitures for the Past 3 Years or More

(Do not include parking violations). **If none, enter N/A**

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

Date: _____ Location: _____ Charge: _____ Penalty: _____

Driver Experience and Qualifications (driver licenses or permits held in the past 3 years)

State: _____ License #: _____ Class: _____

Endorsements: _____ Expiration Date: _____

State: _____ License #: _____ Class: _____

Endorsements: _____ Expiration Date: _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

B. Have any license, permit, or privilege ever been suspended or revoked? Yes No

If yes to either A or B give details:

Experience and Other Qualifications

TO BE READ AND SIGNED BY APPLICANT

I authorized you to make such investigations and inquiry 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 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 employer(s) 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 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.

Signature: _____ **Date:** _____