



Employment Application (Driver) (please print clearly)

Driver Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code How long have you lived at current address?

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Date Available: _____ Social Security No.: _____

License Information

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Driver Experience

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc)	Dates From/To	Approx. No. Of Miles (total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailers			
Other			

Accident Record For Past 3 Years Or More (attach sheet if more space is needed)

Dates	Nature Of Accident (Head On, Rear-End, etc)	Number of Fatalities	Number of Injuries	Chemical Spill
				Yes No
				Yes No
				Yes No

Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)

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 No

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, explain _____

Education

High School: _____ Address: _____
From: _____ To: _____ Diploma or GED: _____
College or Other: _____ Address: _____
From: _____ To: _____ No. of years completed _____ Degree: _____

Previous Employment

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state, and zip code.

Last Employer: Name: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____ Salary: _____

Responsibilities: _____

Reasons for Leaving: _____

Were you subject to the Federal Motor Carrier (FMCSRs) while employed with the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

Employer: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____ Salary: _____

Responsibilities: _____

Reasons for Leaving: _____

Were you subject to the Federal Motor Carrier (FMCSRs) while employed with the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

Employer: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____ Salary: _____

Responsibilities: _____

Reasons for Leaving: _____

Were you subject to the Federal Motor Carrier (FMCSRs) while employed with the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

Employer: _____ Phone: _____

Address: _____

Job Title: _____ From: _____ To: _____ Salary: _____

Responsibilities: _____

Reasons for Leaving: _____

Were you subject to the Federal Motor Carrier (FMCSRs) while employed with the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

To Be Read and Signed by Applicant

We are an equal opportunity employer.

I authorize you to make sure investigations and inquiries to 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. I also consent to a full inquiry with the FMCA Drug & Alcohol Clearinghouse.

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 current/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: _____

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.

Signature: _____ Date: _____

Employer Verification

Hire Date: _____ Start Date: _____ Rate of Pay: _____

Authorization: _____
Print Signature Title

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver’s License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration’s (FMCSA’s) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a “limited” report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a “limited query” to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver’s printed name)

(Name of motor carrier)

to conduct limited annual queries of the FMCSA’s Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver’s Signature: _____

ID Number: _____ Date: _____