

Driver's Application for Employment

DRIVER APPLICANT ONLY

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 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.

Signature	ure Date					
		Applio	cant information:			
Name:				Phone: ()	
(First)		(Middle)	(Last)			
Address:						
(Street)			(State)	(Zip)	(How Long?)	
Date of Birth:						
		above address for le	ess than three years)			
Address:(Street)		(City)	(State)	(Zip)	(How Long?)	
Address:						
(Street)		(City)	(State)	(Zip)	(How Long?	
		(Attach addit	ional sheet if necessa	ry)		
		Experience an	nd Qualifications-Driv	ver		
	State	License No.	Type and endo	orsements	Expiration Date	
Driver						

Licenses



Driving Experience

Class of equipment:		Type of equipment (V		Dates (From)		(То)	Approximate # of Miles (total)
Straight	truck						
Tractor and so	emitrailer						
Tractor-Two	trailers						
Othe	r						
	Acciden	t record for past three	e year	rs (attach additional	sheet i	f necessary)	
Dates		Nature of	Nature of accident			Fatalities	Injuries
Last acciden	t						
Next previou	.S						
Next previou	S						
Traffic	conviction	s (other than parking additiona		ations) and forfeiture t if more space is n		he past three	years (Attach
Locat	ion	Date	Charge		Penalty		
A. Have yo	ou ever been	denied a license, permit o	or privi	lege to operate a motor	r vehicle'	? Yes l	No
	-	nit or privilege ever beer A or B is yes, explain: (a	-			Ye	s No If
	1 0	ment Record (attach		· · · · · · · · · · · · · · · · · · ·	•	,	
Last employer:	Name						
	Address						

_____Supervisor____

_ Dates: _

(from)

(to)

Position held_



Reasons for leaving							
er subject to Federal (or PUC) Motor Carrier Safety	Regulations	? Yes	No				
to controlled substance & alcohol testing under 49	CFR						
e employed here?		Yes_	No_				
Supervisor	Dates:						
		(from)	(to)				
Reasons for leaving							
er subject to Federal (or PUC) Motor Carrier Safety	Regulations	? Yes	No				
to controlled substance & alcohol testing under 49	CFR						
_		Yes_	No_				
Supervisor	Dates:						
		(from)	(to)				
Reasons for leaving							
er subject to Federal (or PUC) Motor Carrier Safety	Regulations	? Yes	No				
Were you subject to controlled substance & alcohol testing under 49 CFR							
le employed here?		Yes_	No_				
Supervisor	Dates:						
		(from)	(to)				
Reasons for leaving							
er subject to Federal (or PUC) Motor Carrier Safety	Regulations	? Yes	No				
to controlled substance & alcohol testing under 49	CFR						
	r subject to Federal (or PUC) Motor Carrier Safety to controlled substance & alcohol testing under 49 e employed here? Reasons for leaving r subject to Federal (or PUC) Motor Carrier Safety to controlled substance & alcohol testing under 49 e employed here? Supervisor r subject to Federal (or PUC) Motor Carrier Safety to controlled substance & alcohol testing under 49 e employed here? Reasons for leaving r subject to Federal (or PUC) Motor Carrier Safety to controlled substance & alcohol testing under 49 e employed here? Supervisor Supervisor Reasons for leaving	r subject to Federal (or PUC) Motor Carrier Safety Regulations to controlled substance & alcohol testing under 49 CFR e employed here?	to controlled substance & alcohol testing under 49 CFR e employed here? Supervisor Dates: (from) Reasons for leaving r subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes to controlled substance & alcohol testing under 49 CFR e employed here? Supervisor Dates: (from) Reasons for leaving r subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes to controlled substance & alcohol testing under 49 CFR e employed here? Supervisor Dates: (from) Reasons for leaving Dates: (from) Reasons for leaving Dates: (from)				



Employer:	Name							
	Address							
	Position held	Supervisor	Dates:					
			`	from)	(to)			
	Salary	Reasons for leaving						
	Was this employer subje	ct to Federal (or PUC) Motor Carrier Safet	y Regulations?	Yes	No			
	Were you subject to cont Parts 40/382 while emple	trolled substance & alcohol testing under 49 oyed here?	9 CFR	Yes_	No			
Employer:	Name							
	Address			·				
	Position held	Supervisor						
	Salary	Reasons for leaving	`	from)	(to)			
	Was this employer subje	ct to Federal (or PUC) Motor Carrier Safet	y Regulations?	Yes	No			
	Were you subject to cont Parts 40/382 while emplo	trolled substance & alcohol testing under 49 oyed here?	9 CFR	Yes_	No			
		To be read and signed by applicant:						
This certifies the best of my		mpleted by me, and that all entries on it and	l information in	it are true	and complete to			
(Date)		(Applicant's signature)						
	tor carrier may require an apper Safety Regulations.	plicant to provide information in addition to	o the information	on required	by the Federal			