

# DRIVER APPLICATION FORM

COMPANY NAME \_\_\_\_\_ Location: Region/District/Branch \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Street City State Zip

### 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 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 \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Social Security Number Phone Number Date of Birth Hire Date

ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY \_\_\_\_\_  
Street City State Zip Number of Years

\_\_\_\_\_ City State Zip Number of Years

### Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



# USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SIXTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SEVENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

EIGHTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

NINTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

TENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

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 and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

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