



1156 County Road 352, Rifle, CO 81650

Employment Application- Commercial Driver Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Address: _____ How long? _____

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you Currently Employed? _____ If not, how long since leaving last employment? _____

Physical Exam Expiration: _____

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

Have you ever worked for this company? YES NO If yes, when?

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service (Optional)

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Give a COMPLETE RECORD of all employment for the past (3) years and ALL commercial driving experience for the past (10) years. Include ANY unemployment or self-employment periods.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

Were you subject to the FMCSR's while employed here? _____

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol drug testing requirements of 49 CFR Part 40? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

Were you subject to the FMCSR's while employed here? _____

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol drug testing requirements of 49 CFR Part 40? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

Were you subject to the FMCSR's while employed here? _____

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol drug testing requirements of 49 CFR Part 40? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

Were you subject to the FMCSR's while employed here? _____

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol drug testing requirements of 49 CFR Part 40? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

Were you subject to the FMCSR's while employed here? _____

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol drug testing requirements of 49 CFR Part 40? YES NO

Driving Experience

Class of Equipment (Straight truck, Tractor/Trailer, Winch Truck, Tandem Dump, Belly Dump, Bobtail, Water Transport, etc...)

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor and two Trailers			
Tractor and triple trailers			
Other			

List states operated in the past (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC.) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record For The Past (3) Years: Attach Sheet If Necessary

Date of Accident	Nature of Accident (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past (3) years:

State	License	Type	Endorsements	Expiration Date

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

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

Is there any reason you might be unable to perform the functions of the job for which you have applied for? Yes No

Have you ever been convicted of a felony? Yes No

If the answer is "yes" to any of the questions listed above please give details

List any trainings and certifications that you may have (ie – Safeland, CPR/First Aid, Forklift, etc).

Job References

List (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____