# 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: | | |  | |
| Were you subject to the FMCSR’s while employed here? | | | | | | | YES  \_\_\_\_ | NO  \_\_\_\_ |
| 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: | | |  | |
| Were you subject to the FMCSR’s while employed here? | | | | | | | YES  \_\_\_\_ | NO  \_\_\_\_ |
| 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: | | |  | |
| Were you subject to the FMCSR’s while employed here? | | | | | | | YES  \_\_\_\_ | NO  \_\_\_\_ |
| 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: | | |  | |
| Were you subject to the FMCSR’s while employed here? | | | | | | | YES  \_\_\_\_ | NO  \_\_\_\_ |
| 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: | | |  | |
| Were you subject to the FMCSR’s while employed here? | | | | | | | YES  \_\_\_\_ | NO  \_\_\_\_ |
| 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: |  |