

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on the employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet if necessary)

Name		From		To	
Address		Mo.	Yr.	Mo.	Yr.
City	State	Zip		Position Held	
Contact	Phone			Salary/Wage	
Were you subject to the FMCSRs in this position while employed by this previous employer?			Reason for Leaving		
<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)			Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)		

Name		From		To	
Address		Mo.	Yr.	Mo.	Yr.
City	State	Zip		Position Held	
Contact	Phone			Salary/Wage	
Were you subject to the FMCSRs in this position while employed by this previous employer?			Reason for Leaving		
<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)			Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)		

Name		From		To	
Address		Mo.	Yr.	Mo.	Yr.
City	State	Zip		Position Held	
Contact	Phone			Salary/Wage	
Were you subject to the FMCSRs in this position while employed by this previous employer?			Reason for Leaving		
<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)			Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)		

Name		From		To	
Address		Mo.	Yr.	Mo.	Yr.
City	State	Zip		Position Held	
Contact	Phone			Salary/Wage	
Were you subject to the FMCSRs in this position while employed by this previous employer?			Reason for Leaving		
<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)			Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)		

Name		From		To	
Address		Mo.	Yr.	Mo.	Yr.
City	State	Zip		Position Held	
Contact	Phone			Salary/Wage	
Were you subject to the FMCSRs in this position while employed by this previous employer?			Reason for Leaving		
<input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(A)			Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing? <input type="checkbox"/> Yes <input type="checkbox"/> No §391.21(b)(10)(iv)(B)		

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS—OTHER

Accident record for past (3) years or more (Attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic convictions and forfeitures for the past (3) years (other than parking violations)
(Attach sheet if more space is needed)

Location	Date	Charge	Penalty

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended _____
Name City, State

EXPERIENCE AND QUALIFICATIONS – DRIVER

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

	State	License #	Type	Expiration Date
Driver Licenses				

(If the answer to any of the above is yes, attach statement giving details)

Driving Experience—If none, write NONE.

List states you operated in for the last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom: _____

Show any trucking, transportation or other experience that may help in your work for this company _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor-Trailer				
Doubles/Triples				
Other				

List courses and training other than that shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

TO BE READ AND SIGNED BY APPLICANT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b)(5) and (e).

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) **Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

Check One: Yes _____ No _____

- 2) **If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?**

Check One: Yes _____ No _____

This certifies that I completed this application, and that all entries and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature