



Driver / Contractor Application Form

Terminal: Last, First Name: Hire Date:

General Information

Name: Date of Birth:

Social Security #: Telephone:

Address: Duration:

List addresses for past 3 years:

Address: Duration:

Address: Duration:

Address: Duration:

Driver's License

DL Number:

DL State: DL Expires:

DL Class: Please select only one. A B C D E Non-CDL

DL Endorsements: Please select all that apply. Double/Triple Tanker HazMat HazMat Tanker Passenger School Bus

Qualifications

Have you worked for this company before? Yes No

If yes, what dates? From: To:

Are you currently employed? Yes No

Do you have driving experience? (If yes, please enter it below.) Yes No

Education and Skills

Check the highest grade completed:

High School 9 10 11 12

College 1 2 3 4

Graduate School 1 2 3 4 5 6

Table with 4 columns: Type of Equipment, Start Date, End Date, Miles Operated

Table with 5 columns: Type of School, Name and City/State, Start Date, End Date, Did you Graduate?

Driver Past Record

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

If yes, describe:

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No

If yes, describe:

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

If yes, describe:

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify applicant from employment. HI and MA applicants should only respond if applying for a driving position) Yes No

If yes, describe:

Please list all states and provinces in which you operated a commercial motor vehicle during the past five years:

Please list any other relevant experience:

Please list any safe driving awards you have received:

Is there any reason you may not be able to perform all of the duties of the position for which you are applying? Yes No

If yes, describe:

Do you have the legal right to work in the United States? Yes No Can you provide proof of your age? Yes No



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Accidents and Violations

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below.)

Form for accident details: Date of Accident, Location, Type of Vehicle Operated, Describe the Accident, No. of Injuries, No. of Fatalities, Was HazMat released?

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Have you been involved in any violations in the past 3 years? (If yes, please complete the information below.)

Form for violation details: Date of Violation, Location, Type of Vehicle Operated, Describe the Violation, Fine, DOT Regulation Cited

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Employment Information

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.51(b) requires 3 years history to be verified and 7 subsequent years to be recorded for a total of 10 years employment history, or to the extent of which the applicant has worked.

Employment information form 1: Employer Name, Address, Supervisor's Name, Employed From/To, Reason for Leaving, Ending Salary, CDL Required, FMCSR, Safety-sensitive function

If gap between employers, indicate reason: Unemployed, Attending School, Self-Employed, Other

Employment information form 2: Employer Name, Address, Supervisor's Name, Employed From/To, Reason for Leaving, Ending Salary, CDL Required, FMCSR, Safety-sensitive function

If gap between employers, indicate reason: Unemployed, Attending School, Self-Employed, Other

Employment information form 3: Employer Name, Address, Supervisor's Name, Employed From/To, Reason for Leaving, Ending Salary, CDL Required, FMCSR, Safety-sensitive function

If gap between employers, indicate reason: Unemployed, Attending School, Self-Employed, Other



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Employment Information (continued)

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other:

Employer Name: Telephone: Facsimile: Address: Position: Supervisor's Name: Employed From: To: Reason for Leaving: Ending Salary: CDL Required? Were you subject to the FMCSR while employed? Was the job a safety-sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

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Applicant Certification

By signing this statement I certify that:

- This application for employment/contract was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by § 383.21 of the FMCSR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (the Company or agencies) 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/contract decision. I hereby release any and all of; the employers, the schools, the health care providers, the Company and their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the Company as outlined in the company policies and statements.

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.

Applicant's Signature: _____ Date: _____

The Company is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by the law.

For Completion by Company Representative

Reviewed by: _____ Date: _____

Comments: _____
