



### Application for Employment

Date \_\_\_\_\_ Position applying for (please check one) \_\_\_\_\_ Owner Operator \_\_\_\_\_ Company Driver

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Physical Exam Expiration Date \_\_\_\_\_ Restrictions \_\_\_\_\_

Physician Name and Phone Number \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Current & Three Years Previous Addresses

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before? \_\_\_ Yes \_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### Driving Experience

Class of Equipment	Dates: To and From	Approximate # of Total Miles
Straight Truck		
Tractor and Semi-Trailer		
Tractor- Two Trailers (Doubles)		
Tractor- Three Trailers (Triples)		
Other		

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Hazmat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Tractor Information

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Mileage \_\_\_\_\_



**Accident record for past three years (attach sheet if more space is needed)**

Date	Nature	Location	Injuries/Fatalities	Alcohol/Drugs Detected

**Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

Date	License #	Type	Endorsement	Expiration Date

**Education History**

	Name	Location	Years Attended
Elementary			
High-School			
College			
Other			

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_

D. Have you ever been convicted of a felony? \_\_\_\_\_

If the answers to A, B, C or D is "YES", give details

\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Military Background: \_\_\_\_ Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Veteran of Foreign War? \_\_\_\_ Yes \_\_\_\_ No



### Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. **Applicants must have two years experience to apply.**

**Mo/Yr** From \_\_\_\_\_ **Mo/Yr** To \_\_\_\_\_

**Present or Last Employer:**

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reason for leaving:**

Laid off \_\_\_\_\_ Discharged/Why: \_\_\_\_\_

Quit/Why: \_\_\_\_\_

Were you subject to the FMCSRs\* 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 testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_

**Mo/Yr** From \_\_\_\_\_ **Mo/Yr** To \_\_\_\_\_

**Present or Last Employer:**

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reason for leaving:**

Laid off \_\_\_\_\_ Discharged/Why: \_\_\_\_\_

Quit/Why: \_\_\_\_\_

Were you subject to the FMCSRs\* 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 testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_

**Mo/Yr** From \_\_\_\_\_ **Mo/Yr** To \_\_\_\_\_

**Present or Last Employer:**

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reason for leaving:**

Laid off \_\_\_\_\_ Discharged/Why: \_\_\_\_\_

Quit/Why: \_\_\_\_\_

Were you subject to the FMCSRs\* 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 testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_



Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr

**Present or Last Employer:**

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reason for leaving:**

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Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr

**Present or Last Employer:**

Name \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Quit/Why: \_\_\_\_\_

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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 \_\_\_\_\_

\*The federal Motor carrier Safety Regulations (FMCSRs) apply to anyone who operated a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 lbs. Or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**To Be Read and Signed by Applicant**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background and work history to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_