

**Applicant: Read and sign before submitting this application.**

*I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.*

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

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
First Middle Last

\*Current Address \_\_\_\_\_  
Street City State Zip Code

*\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

Street City State Zip Code

Street City State Zip Code

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Month/Day/Year

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name

Address City State Zip Code

Position applying for: \_\_\_\_\_ Temporary \_\_\_ Part Time \_\_\_ Full Time \_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Name of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Have you ever worked for this company under another name? Yes \_\_\_ No \_\_\_ If so, what name? \_\_\_\_\_

Date of last Department of Transportation prescribed physical examination \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987 they must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21 (b) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Driver Experience & Qualifications:**

Licenses

Driver licenses held in past three years must be shown	State	License No.	Type	Expiration Date

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 \_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

List safe driving awards held and whom awards were presented by: \_\_\_\_\_