



All driver applicants must provide the following information on all employers during the preceding **10 YEARS**.  
 Applicants **MUST** give complete address, phone number and contact person for all previous employers.

EMPLOYER			DATE	
<b>NAME</b>			<b>FROM</b> MO. YR.	<b>TO</b> MO. YR.
<b>ADDRESS</b>	<b>SAFETY SENSITIVE FUNCTION?</b> CIRCLE <b>YES</b> <b>NO</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SUBJECT TO PART 40 DRUG&amp;ALCOHOL</b> CIRCLE <b>YES</b> <b>NO</b>	
<b>CONTACT PERSON</b>	<b>PHONE NUMBER</b>			
REASON FOR LEAVING				

EMPLOYER			DATE	
<b>NAME</b>			<b>FROM</b> MO. YR.	<b>TO</b> MO. YR.
<b>ADDRESS</b>	<b>SAFETY SENSITIVE FUNCTION?</b> CIRCLE <b>YES</b> <b>NO</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SUBJECT TO PART 40 DRUG&amp;ALCOHOL</b> CIRCLE <b>YES</b> <b>NO</b>	
<b>CONTACT PERSON</b>	<b>PHONE NUMBER</b>			
REASON FOR LEAVING				

EMPLOYER			DATE	
<b>NAME</b>			<b>FROM</b> MO. YR.	<b>TO</b> MO. YR.
<b>ADDRESS</b>	<b>SAFETY SENSITIVE FUNCTION?</b> CIRCLE <b>YES</b> <b>NO</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SUBJECT TO PART 40 DRUG&amp;ALCOHOL</b> CIRCLE <b>YES</b> <b>NO</b>	
<b>CONTACT PERSON</b>	<b>PHONE NUMBER</b>			
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<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SUBJECT TO PART 40 DRUG&amp;ALCOHOL</b> CIRCLE <b>YES</b> <b>NO</b>	
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<b>NAME</b>			<b>FROM</b> MO. YR.	<b>TO</b> MO. YR.
<b>ADDRESS</b>	<b>SAFETY SENSITIVE FUNCTION?</b> CIRCLE <b>YES</b> <b>NO</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SUBJECT TO PART 40 DRUG&amp;ALCOHOL</b> CIRCLE <b>YES</b> <b>NO</b>	
<b>CONTACT PERSON</b>	<b>PHONE NUMBER</b>			
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<b>ADDRESS</b>	<b>SAFETY SENSITIVE FUNCTION?</b> CIRCLE <b>YES</b> <b>NO</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>SUBJECT TO PART 40 DRUG&amp;ALCOHOL</b> CIRCLE <b>YES</b> <b>NO</b>	

**ACCIDENT RECORD FOR PAST 3 YEARS**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IN NEEDED)

**EXPERIENCE AND QUALIFICATIONS -- DRIVER**

	STATE	LICENSE NO.	CLASS & ENDORSEMENT	EXPIRATION DATE
<b>DRIVER</b>				
<b>LICENSES</b>				

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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

**LIST ANY POSITIVE SUBSTANCE ABUSE TESTS AND/OR ALCOHOL TESTS** OVER .04 IN THE PREVIOUS (6) MONTHS INDICATING EMPLOYER AND DATE:

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**LIST ANY CRIMINAL FELONY CONVICTIONS** OF RECORDS IN THE PREVIOUS (5) YEARS INDICATING DATE OF CONVICTION:

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**TO BE READ AND SIGNED BY APPLICANT**

**YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:** The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(l) you have the following rights with regard to the safety performance history information provided by your previous employers:

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS:** You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**THE RIGHT TO HAVE ERRONEOUS information CORRECTED:** If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION:** If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION:** You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you 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 decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

(NOTE: THE DATA ELEMENTS ON THIS EMPLOYMENT APPLICATION ARE NEW REQUIREMENTS UNDER THE FMCSR 49 CFR 391.21(b) and (d). THESE DATA ELEMENTS SHOULD BE COMBINED WITH YOUR EXISTING EMPLOYMENT APPLICATION)

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**APPLICANT HIRED** \_\_\_\_\_

**REJECTED** \_\_\_\_\_

**DATE EMPLOYED** \_\_\_\_\_

**CLASSIFICATION** \_\_\_\_\_