

APPLICATION FOR EMPLOYMENT

Notice: Substance and Alcohol Testing is required of applicant driver.

Date _____

Company _____ Street Address _____

City _____ State _____ Zip Code _____

Name _____

(First) (Middle) (Last)

Addresses _____ How Long _____

Date of Birth _____ Social Security Number _____

Addresses for Past Three Years

_____ Dates _____

_____ Dates _____

(Street) (City) (State) (Zip) (From) (To)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers
License

(State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

(Location) (Date) (Charge) (Penalty)

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

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

(If the answer is yes to either of the two previous questions, attach statement-giving details)

DRIVING EXPERIENCE

Class of Equipment Type of Equipment (Van Tank Flat Etc) Dates From To Approximate Number of Miles (Total)

Straight Truck _____

Tractor & Semi Trailer _____

Other _____

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Date Nature of the Accident (Head-on Rear-end Upset Ect) Fatality Injury Non-Injury

Last Accident _____

Next Previous _____

Next Previous _____

Employment History

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city, state and zip code.

Applicants applying to drive a **“commercial motor vehicle”** as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date		
Name	From: Month	Year	To: Month	Year	
Address			Position Held		
City	State	Zip Code	Salary/Wages		
Contact Person			Phone Number (include area code)		

Reason for leaving

Were You Subject To The FMCSR’s While Employed? 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 No

Employer			Date		
Name	From: Month	Year	To: Month	Year	
Address			Position Held		
City	State	Zip Code	Salary/Wages		
Contact Person			Phone Number (include area code)		

Reason for leaving

Were You Subject To The FMCSR’s While Employed? 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 No

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on 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, 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.

Date

Applicant’s Signature

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:		TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name) _____			
Hereby authorize:	First	M.I.	Last
			Social Security Number
			Date of Birth
Previous Employer: _____		Email: _____	
Street: _____		Telephone: _____	
City, State, Zip: _____		Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)			
To:	Prospective Employer: _____		
	Attention: _____		Telephone: _____
	Street: _____		
	City, State, Zip: _____		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.			
Prospective employer's fax number: _____			
_____ Applicant's Signature		_____ Date	
This information is being requested in compliance with §40.25(g) and §391.23.			

PART 2:		TO BE COMPLETED BY PREVIOUS EMPLOYER	
ACCIDENT HISTORY			
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employed as _____ from (m/y) _____ to (m/y) _____			
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____			
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>			
If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.			
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.1S(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.			
Date	Location	# Injuries	# Fatalities
Hazmat Spill			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____			

Any other _____			

Signature: _____			
Title: _____ Date: _____			

PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER DRUG AND ALCOHOL HISTORY
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>

PART 4a: TO BE COMPLETED BY PROSPECTIVE
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received by: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> • Complete the information • Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> • Complete the information required in this section • Sign and date • Turn form over to complete SIDE 2 SECTION 3
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<p>PAGE 2 PART 3: Previous Employer</p> <p>Complete the information required in this section</p> <ul style="list-style-type: none"> • Sign and date • Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> • Record receipt of the information • Retain the form
