



Application For Employment: Position you are applying for: \_\_\_\_\_

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, marital status, national origin, or presence of a non-job related condition or handicap.

Please answer all questions and print clearly.

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Applicant Name: \_\_\_\_\_  
Last First Middle Initial Social Security No.

Mailing Address: \_\_\_\_\_  
Street City State Zip

How long have you lived at this address?: \_\_\_\_\_ (Years/Months)

Address for past three years, if different from above: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own a hands-free device?: \_\_\_\_\_ (Y/N) If so, describe: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) Can you provide proof of your age?: \_\_\_\_ (Y/N)

Do you have legal rights to work in the United States?: \_\_\_\_\_ (Yes/No)

Are you currently employed?: \_\_\_\_\_ (Yes/No)

If not, how long has it been since your last employment?: \_\_\_\_\_ (Years/Months)

Who referred you?: \_\_\_\_\_ Rate of pay expected?: \_\_\_\_\_ (Hourly/Annually)

Do you have your own transportation (own vehicle)?: \_\_\_\_\_ (Yes/No)

What type of work schedule are you looking for?: (Select All That Apply)

Weekdays Weekends One Day Work Multi-Day Work Long Distance

Do you have an Enhanced Driver's License or Passport?: \_\_\_\_\_ (Yes/No + Circle All That Apply)



## Physical History

Do you have any physical conditions which may limit you to perform the job applied for?: \_\_ (Y/N)

If yes, what can be done to accommodate your limitation?: \_\_\_\_\_

How much time, if any, was lost from work in the past three years?: \_\_\_\_\_

Would you be willing to take a physical examination?: \_\_\_\_\_ (Yes/No)

All Driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

**NOTE:** On the next page, please list employers in reverse order, starting with the most recent.  
Add another sheet as necessary.

Any gaps in employment and/or unemployment must be explained.  
Include dates (Month/Year) and reason where indicated.



Employment

Please Print

Employer	Date Start
Address	Date End
City State Zip	Position
Contact Person Title and Contact Information	Wage
	Reason For Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? \_\_\_\_ (Y/N)  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? \_\_\_\_\_ (Y/N)

Employer	Date Start
Address	Date End
City State Zip	Position
Contact Person Title and Contact Information	Wage
	Reason For Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? \_\_\_\_ (Y/N)  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? \_\_\_\_\_ (Y/N)

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Accident Record For The Past 3 Years Or More

Date(s)	Nature of Accident	Fatalaties	Injuries

Traffic Convictions And Forfeitures For The Past 3 Years Other Than Parking Violations

Location	Date	Charge	Penalty

Education

Last school attended?: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Graduated?: \_\_\_\_\_ (Yes/No)



Experience and Qualifications - Driving

Table with 6 columns: Drivers License, State, License No., Type, Expiration, Points

Have you ever been denied a license, permit or privilege to operate a motor vehicle?: \_\_\_\_\_ (Y/N)

Has any license, permit or privilege ever been suspended or revoked?: \_\_\_\_\_ (Yes/No)

If yes, please explain: \_\_\_\_\_

What states are you familiar with? (List All That Apply): \_\_\_\_\_

Please list any courses, driving awards or special equipment, etc. that you would like to be taken into consideration for this position: \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

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 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).

- Review information provided by current/previous employers;
Have errors in the information corrected by previous employers and for those previous employers to re-send 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."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.