

Driver's Application for Employment

Company:Street Address:	
City, State, Zip Code:	
DRIVER APPLICANT ONLY	
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 performant history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:	
 Review information provided by previous employers; 	
 Have errors in the information corrected by previous employers and for those previous employers and to re send the corrected information to the prospective employer; and 	oyers
 Have a rebuttal statement attached to the alleged erroneous information, if the previous emp and I cannot agree on the accuracy of the information. 	loyer(s)
Signature Date	
Applicant information: Name:	
(First) (Middle) (Maiden, if any) (Last)	
Address:	
(Street) (City) (State) (Zip) (How Long?)	
Date of Birth:	
Previous addresses: (If at the above address for less than three years)	
Address:	
(Street) (City) (State) (Zip) (How Long?)	
Address:	
(Street) (City) (State) (Zip) (How Long?)	

Experience and Qualifications-Driver

Driver Licens	State	License No.	Type and endorsements	Expiration Date
es				

Driving Experience

Driving Experience	1			
Class of equipment:	Type of equipment (Van, Tank, Flatbed, etc.)	Dates (From) (To)		Approxima te # of Miles (total)
Straight truck				
Tractor and semitrailer				
Tractor-Two trailers				
Other				

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Accident record for past three years (attach additional sheet if necessary)

Dates	Nature of accident	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Location	Date	Charge	Penalty
			- I charty
A Hava you avar baan	daniad a liganca, normit ar r	privilege to operate a motor ve	shiala? Vag No
A. nave you ever been	i demed a license, permit or p	onvillege to operate a motor ve	micie? resno
			Yes No If the answer t
either A or B is yes, exp	plain: (attach additional shee	t if necessary)	
	/ 1 111.1 1 1	() · 0	
mployment Record	(attach additional sheet	(s) if more space is neede	ed)
	• 11		
ou are required to g	ive all employment infor	mation for at least three y	anre
		•	cars.
f you are applying for a po	osition that requires a CDL you	will need to list all	cars.
f you are applying for a ponployment where you ope	osition that requires a CDL you wrated vehicles requiring a CDL	will need to list all for the past ten years.	
f you are applying for a pomployment where you ope	osition that requires a CDL you wrated vehicles requiring a CDL	will need to list all	
f you are applying for a ponployment where you open Last employer: Name	osition that requires a CDL you crated vehicles requiring a CDL	will need to list all for the past ten years.	
f you are applying for a pomployment where you ope Last employer: Name Address	osition that requires a CDL you brated vehicles requiring a CDL	will need to list all for the past ten years.	
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f you are applying for a position held	Supervisor Reasons for leaving	will need to list all for the past ten years. Dates:	(from) (to)
f you are applying for a ponployment where you ope Last employer: Name Address Position held Salary Was this employer sub	Supervisor Reasons for leaving ject to Federal (or PUC) Mot	will need to list all for the past ten years. Dates: tor Carrier Safety Regulations	(from) (to)
f you are applying for a portion in polyment where you oper Last employer: Name	SupervisorReasons for leaving_ject to Federal (or PUC) Motontrolled substance & alcohol	will need to list all for the past ten years. Dates: tor Carrier Safety Regulations	(from) (to)
f you are applying for a portion in polyment where you oper Last employer: Name	Supervisor Reasons for leaving ject to Federal (or PUC) Mot	will need to list all for the past ten years. Dates: tor Carrier Safety Regulations	(from) (to)
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f you are applying for a portion property of a position held salary Was this employer subject to co Parts 40/382 while employer subject to co Parts 40/382 w	SupervisorReasons for leavingsupervisorReasons for leavingject to Federal (or PUC) Motor supervisorSupervisor	will need to list all for the past ten years. Dates: tor Carrier Safety Regulations testing under 49 CFR Dates: Dates: Carrier Safety Regulations? Yell testing under 49 CFR	(from) (to) ? YesNo (from) (to) YesNo
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f you are applying for a position held	SupervisorReasons for leavingsupervisorReasons for leavingject to Federal (or PUC) Motor supervisorSupervisorSupervisor	will need to list all for the past ten years. Dates: tor Carrier Safety Regulations testing under 49 CFR Dates: Dates: Carrier Safety Regulations? Yell testing under 49 CFR	(from) (to) ? YesNo (from) (to) YesNo

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Salary_

_ Reasons for leaving_

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes_____No____

	trolled substance & alcohol testing loyed here? YesNo Em		
Name			
Address			
Position heldSalary	SupervisorReasons for leaving	Dates:	(from) (to)
	ct to Federal (or PUC) Motor Carri		
	trolled substance & alcohol testing loyed here? YesNo Em		
Name			
Address			
Position heldSalary	SupervisorReasons for leaving	Dates:	(from) (to)
Was this employer subjection	ect to Federal (or PUC) Motor Carr	ier Safety Regulations? Yes	No
Name	loyed here? YesNoEm		
Address			
Position held	SupervisorReasons for leaving	Dates:	(from) (to)
Was this employer subje	ect to Federal (or PUC) Motor Carr	ier Safety Regulations? Yes	
	trolled substance & alcohol testing loyed here? Yes No		
To be read and signed b	oy applicant:		
This certifies that this a complete to the best of	pplication was completed by me, a my knowledge.	and that all entries on it and info	ormation in it are true and
(Date)	(Applicant's signature)		
Note: A motor carrier n	nay require an applicant to provide	information in addition to the i	information required by the

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