



# DRIVER APPLICATION

NAME: \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? YES  NO   
 (If offered employment, you will be required to provide documentation to verify eligibility)

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Are you over 18 years old? YES  NO

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TACK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD**  
**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES  NO

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? YES  NO

SECOND EMPLOYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES  NO

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? YES  NO

THIRD LAST EMPLOYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES  NO

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? YES  NO

**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. (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.

\*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). I understand that I have the right to:

- 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 General Motor Carrier Safety Regulations.



# TEAM MEMBER AVAILABILITY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Availability: (please mark "any" or the hours you CAN work in the day of the week below).

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**ANY** = Will work any hour available

**CALL** = Call before scheduling for the week, I could be available

**OFF** = Unable to work this day

Be specific in hours you are able to be here at the building.

All boxes (days) need to be filled out