

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED - PRINT OR TYPE

DATE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME: First: _____ Middle: _____ Last: _____

ADDRESS: Street _____
City _____ State _____ Zip _____

PHONE: Home: _____ Cell: _____

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? Yes No

PREVIOUS ADDRESSES (if address above less than three years)

1) Street _____ DATES: FROM: _____
City _____ State _____ Zip _____ TO: _____

1) Street _____ DATES: FROM: _____
City _____ State _____ Zip _____ TO: _____

1) Street _____ DATES: FROM: _____
City _____ State _____ Zip _____ TO: _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____
Are you employed now? _____ If so, may we inquire of your present employer? _____
Have you ever applied to our company before? _____ Where? _____ When? _____
Referred by: _____

DRIVER'S LICENSE INFORMATION: All licenses held, last three years:

State _____ Number _____ Expiration Date _____
State _____ Number _____ Expiration Date _____
State _____ Number _____ Expiration Date _____

| <u>DRIVING EXPERIENCE:</u> Type of vehicle | <u>DATES</u> | <u>Number of Miles</u> |
|--|----------------|------------------------|
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |

DRIVING RECORD: All accidents, last three years (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____
Date _____ Describe _____ Fatalities _____ Injuries _____
Date _____ Describe _____ Fatalities _____ Injuries _____

List all traffic violations/convictions, last three years (If none, write NONE):

| | | | |
|------------|-----------------|-------------|----------------------------|
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes/No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes/No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes/No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes/No |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: Yes/No |

Have you ever had any driver license denied, revoked or suspended? Yes No

If yes, explain: _____

EDUCATION

| SCHOOL | Name and Location of School | No. of Years Attended | Did you Graduate? | Subjects Studied |
|--|-----------------------------|-----------------------|-------------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

EMPLOYMENT HISTORY (last 10 years (383.35) - account for gaps between employers):

1) Employer: _____ Dates: _____ to _____
 Address: _____ Contact: _____
 Telephone: _____

If owner/operator, list carriers leased to: _____
 Reason for leaving: _____

2) Employer: _____ Dates: _____ to _____
 Address: _____ Contact: _____
 Telephone: _____

If owner/operator, list carriers leased to: _____
 Reason for leaving: _____

3) Employer: _____ Dates: _____ to _____
 Address: _____ Contact: _____
 Telephone: _____

If owner/operator, list carriers leased to: _____
 Reason for leaving: _____

4) Employer: _____ Dates: _____ to _____
 Address: _____ Contact: _____
 Telephone: _____

If owner/operator, list carriers leased to: _____
 Reason for leaving: _____

Please use backside of sheet for additional employers

GENERAL

Subjects of special study or research work: _____

Special Skills: _____

Activities: (Civic, Athletic, etc.) _____

U.S. Military or Naval Service _____ Rank _____

Present Member in National Guard or Reserves? Yes/No

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

| NAME | PHONE | YEARS ACQUAINTED |
|------|-------|------------------|
| | | |
| | | |
| | | |
| | | |

For driver applicants of vehicles that require a Commercial Driver's License:
49 CFR 40.25(j) Question Sheet must be completed.

CERTIFICATION:

"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."

Applicant's Signature

Date

TO BE COMPLETED BY EMPLOYER:

Application received by: _____

Applicant interviewed by: _____

Title: _____ Date: _____

Title: _____ Date: _____

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Emp CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Employment Termination: _____

NOTES:

