



DRIVER EMPLOYMENT APPLICATION

Company _____ Street Address _____

City, State and Zip Code _____

Name _____
(FIRST) (MIDDLE) (MAIDEN, IF ANY) (LAST)

Address _____ How Long? _____
(STREET) (CITY) (STATE/ZIP)

Date of Birth _____ SSN _____ Hire Date _____

Telephone Number _____ Email Address _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE/ZIP) (# YEARS)

(STREET) (CITY) (STATE/ZIP) (# YEARS)

(STREET) (CITY) (STATE/ZIP) (# YEARS)

ATTACH SHEET IF MORE SPACE IS NEEDED

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, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				



LICENSE INFORMATION (continued)

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

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

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)

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.)

Last Employer Name _____

Address _____ Phone _____
(STREET) (CITY) (STATE/ZIP)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

Any gaps in employment and/or unemployment must be explained. Include date (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 Last Employer Name _____

Address _____ Phone _____
(STREET) (CITY) (STATE/ZIP)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

Any gaps in employment and/or unemployment must be explained. Include date (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 Name _____

Address _____ Phone _____
(STREET) (CITY) (STATE/ZIP)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

Any gaps in employment and/or unemployment must be explained. Include date (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



Fourth Last Employer Name _____

Address _____ Phone _____
(STREET) (CITY) (STATE/ZIP)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

Any gaps in employment and/or unemployment must be explained. Include date (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 regulation 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 Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
FIRST
M.I.
LAST
SSN
DATE OF BIRTH

Hereby Authorize:

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 with the previous 3 years from _____ (employment application date).

To: Prospective Employer _____ Attention _____

Telephone _____ Fax _____ Email _____

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.

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25(g) and 391.23(h).

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. YES NO

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did they drive a motor vehicle for you? YES NO If yes, what type? Straight Truck Tractor-Semitrailer
 Bus Cargo Tank Doubles/Triples Other _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty
 If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(g)) that involved the applicant in the 3 years prior to the application date shown above, or check 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 remarks: _____

Signature: _____ Title: _____ Date: _____

NOTE TO PREVIOUS EMPLOYER – COMPLETE PART 3 ON NEXT PAGE

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____ complete bottom of PART 3, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
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, or refuse to be tested? YES NO
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 NO

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.

Name: _____ Company: _____ Telephone: _____

Street, City, State, Zip: _____

Part 3 Completed by (signature): _____ Date: _____

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____ Recorded by: _____

Date: _____ Method: Fax Mail Email Telephone Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Complete PART 3 on page 2

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to the Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his-her request to review the records.

PART 1: COMPLETED BY DRIVER/APPLICANT

TO: Prospective Employer: _____
Street/P.O. Box: _____
City, State, Zip: _____ Telephone #: _____

FROM: Driver/Applicant: _____ Social Security/I.D. #: _____
Street: _____
City, State, Zip: _____ Telephone #: _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for the records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: sent to me at the above address. I will arrange to pick up.

Drive/Applicant Signature: _____ Date: ____/____/____
M D Y

PART 2: COMPLETED BY PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____
Street: _____
City, State, Zip: _____
Comments: _____

By:

_____ Release Date: ____/____/____
Signature/person providing information Telephone # M D Y

SAFETY PERFORMANCE HISTORY INFORMATION DRIVER/APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

- §391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (1) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- §391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
 - (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1: COMPLETED BY DRIVER/APPLICANT

TO: Previous Employer: _____
Street/P.O. Box: _____
City, State, Zip: _____
Telephone #: _____ Fax: _____

FROM: Driver/Applicant: _____ Social Security/I.D. #: _____
Street: _____
City, State, Zip: _____ Telephone #: _____

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): _____

I request that this rebuttal be sent to the attached list of motor carriers.

Drive/Applicant Signature: _____ Date: ____/____/____
M D Y

PART 2: COMPLETED BY PREVIOUS EMPLOYER

Received by:
Signature: _____ Date: ____/____/____
M D Y

CORRECTION REQUEST OF ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION

This request is made by the driver/applicant in compliance with the Department of Transportation regulations §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1: COMPLETED BY DRIVER/APPLICANT

TO: Prospective Employer: _____
Street/P.O. Box: _____
City, State, Zip: _____ Telephone #: _____

FROM: Driver/Applicant: _____ Social Security/I.D. #: _____
Street: _____
City, State, Zip: _____ Telephone #: _____

I request correction of erroneous information in my Safety Performance History.
Please forward to the following prospective employer:

Company Name: _____ Attention: _____

Street, City, State, Zip: _____

Explanation of desired correction (attach documents as necessary): _____

Driver/Applicant Signature: _____ Date: ____/____/____
M D Y

Driver: Retain **COPY 4 DRIVER RECORD** for your files, Submit copies 1, 2 and 3 to your previous employer.

PART 2: COMPLETED BY PREVIOUS EMPLOYER

Disposition of the requested information:

- Information was corrected and forwarded to the prospective motor carrier employer.
 The driver was notified on ____/____/____ that the previous employer does not agree to correct this data.

Return copy 3 to the driver. _____

Information sent to: Company Name: _____ Attention: _____

Street, City, State, Zip: _____

Comments: _____

By: _____ Release Date: ____/____/____
Signature/person providing information Telephone # M D Y

PART 3: COMPLETED BY PROSPECTIVE MOTOR CARRIER EMPLOYER

The corrected information was received on ____/____/____

Prospective Employer: _____ Location: _____

Received by: _____
Signature Title