

EMPLOYMENT APPLICATION FOR CDL DRIVERS

In compliance with Federal and State equal opportunity employment laws, applicants are considered without regard to race, creed, color, gender, religion, age, marital status, national origin, or non-job related disability.
All information asked on this form is required by the Department of Transportation.

PERSONAL DESCRIPTION

NAME _____ SOCIAL SECURITY # _____/_____/_____

LAST FIRST MIDDLE

DATE OF BIRTH ____/____/____ HOME PHONE # () _____ OTHER PHONE# _____

CURRENT ADDRESS _____

STREET CITY STATE ZIP

ADDRESSES IN LAST THREE YEARS (MOST RECENT FIRST)

STREET _____ CITY _____ STATE _____ ZIP _____ HOW LONG: _____

STREET _____ CITY _____ STATE _____ ZIP _____ HOW LONG: _____

QUALIFICATIONS

VALID DRIVER'S LICENSE # _____ STATE OF _____ EXPIRES _____

LICENSE TYPE _____ CDL ENDORSEMENTS _____

HAVE YOU EVER BEEN DENIED A PERMIT, LICENSE, OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEICHL? YES _____ NO _____

HAS YOUR LICENSE PERMIT OR PRIVLEDGE BEEN SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DRIVING EXPERIENCE

POWER EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YEARS	STATE
STRAIGHT TRUCK			
TRACTOR TRAILER	POWER UNIT: TRAILER:		
BUS	SCHOOL: COACH:		
OTHER (SPECIFY)			

ACCIDENT RECORD LAST THREE YEARS

Check here to certify that you have had no accidents in the last three years

DATE	NATURE OF ACCIDENT	CITY/STATE	FATALLITIES Y/N	INJURIES Y/N	COMMERCIAL OR PERSONAL VEICHL

TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS (OTHER THAN PARKING)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL OR PERSONAL AUTO

EDUCATION

LAST GRADE COMPLETED ENTER 1-12: _____ COLLEGE ENTER 1-4: _____
OTHER TRAINING _____
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? _____

EMPLOYMENT

ARE YOU NOW EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? _____
MAY WE CONTACT YOUR PRESENT EMPLOYER(S)? Yes No

EMPLOYMENT HISTORY FOR PAST 10 YEARS (USE SEPARATE SHEET IF NECESSARY)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN ____/____ - ____/____
POSITION _____ REASON FOR LEAVING _____

PRESENT EMPLOYER: NAME _____ PHONE: _____

ADDRESS _____

STREET CITY STATE ZIP

FROM ____/____/____ TO ____/____/____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECK BOX: YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB _____

LAST EMPLOYER: NAME _____ PHONE: _____

ADDRESS _____

STREET CITY STATE ZIP

FROM ____/____/____ TO ____/____/____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECKBOX: YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB _____

LAST EMPLOYER: NAME _____ PHONE: _____

ADDRESS _____

STREET CITY STATE ZIP

FROM ____/____/____ TO ____/____/____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

WERE YOU SUBJECT TO DOT ALCOHOL & CONTROLLED SUBSTANCE TESTING? CHECKBOX: YES NO

LIST ANY FEDERAL MOTOR CARRIER SAFETY REGULATIONS FOR THIS JOB _____

NOTICE TO APPLICANT

IF EMPLOYER HAS NOT EXPLAINED OR GIVEN A JOB DESCRIPTION, MAKE SURE ONE IS GIVEN TO YOU AND THAT YOU FULLY UNDERSTAND WHAT IS EXPECTED OF YOU PRIOR TO ANSWERING THE FOLLOWING QUESTIONS.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION _____

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS? _____

ARE YOU WILLING TO DONATE YOUR TIME FOR EDUCATIONAL SCHOOLING? Yes No

WE DO BACKGROUND CHECKS ON ALL NEW HIRES – IS THIS ALL RIGHT WITH YOU? Yes No

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(l) you have the following rights with regard to the safety performance history information provided by your previous employers:

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED: If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in questions. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMATION: If the previous employer does not agree that the information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to the your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement period. You may submit a rebuttal initially without a request for correction or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentation of information given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern that my employment is factual.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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 employer.

I agree and understand that if I am hired, I will be on a probationary period during which time I may be discharged without recourse. 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.

_____	_____
Signature of Applicant	Date

(NOTE: THE DATA ELEMENTS ON THIS EMPLOYMENT APPLICATION ARE NEW REQUIREMENTS UNDER THE FMCSR 49 CFR 391.21(B) AND (D). THESE DATA ELEMENTS MUST BE COMBINED WITH YOUR EXISTING EMPLOYMENT APPLICATION)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER