

COMMERCIAL DRIVER APPLICATION

Company _____
Address _____
City _____ State _____ Zip _____

APPLICATION INFORMATION

DATE _____ Position Applying For : Contractor Driver Contractor's Driver
NAME _____
PHONE _____ EMERGENCY PHONE _____
AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ YES _____ NO

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

