

APPLICATION FOR DRIVERS/CONTRACTORS

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PREVIOUS THREE YEARS RESIDENCE

STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ #YEARS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ #YEARS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ #YEARS \_\_\_\_\_

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 # \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRE DATE \_\_\_\_\_

DRIVING EXPERIENCE

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE.

LAST EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
SECOND LAST EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
THIRD LAST EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by your previous employer. Yes\_\_\_\_\_ No\_\_\_\_\_ Employer 2 Yes\_\_\_\_\_ No\_\_\_\_\_ Employer 3 Yes\_\_\_\_\_ No\_\_\_\_\_

Was the previous job position designated as a safety \_\_\_\_\_ functioning any DOT regulated mode, subject to alcohol and controlled substances 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 into 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 that 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 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 resend the corrected information to the prospective employer, and
- I have a rebuttal statement attached to the erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_

This certifies that I completed the application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_

NOTE: A motor carrier may require an applicant to provide information requested by the Federal Motor Carrier Safety Regulations.