Commercial Driver
Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application
☐ Driver	☐ Helper	☐ Other:	
	☐ Mechanic	_____	

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other _____

Last Name	First Name	Middle Name

Address	Street	Apt/Unit #	Home Phone #
City	State	Zip Code	Mobile Phone #
Date of Birth	Email Address		Social Security Number

Have you ever filed an application with us before? ☐ Yes ☐ No
If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully bcoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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If you've been at your previous address less than 3 years, continue listing your previous addresses below to cover the previous 3 year period

Address	Street	Apt/Unit #	Date From
City	State	Zip Code	Date To

Address	Street	Apt/Unit #	Date From
City	State	Zip Code	Date To

Address	Street	Apt/Unit #	Date From
City	State	Zip Code	Date To

Driver's License Information: All licenses held, last 3 years:

State :	Number:	Expiration Date:
State :	Number:	Expiration Date:
State :	Number:	Expiration Date:

Driving Experience:

_____ Type of Vehicle Driven	_____ to _____ Dates	_____ Approximate mileage driven
_____ Type of Vehicle Driven	_____ to _____ Dates	_____ Approximate mileage driven
_____ Type of Vehicle Driven	_____ to _____ Dates	_____ Approximate mileage driven

All accidents in the last 3 years:

Date:	Describe:	Fatalities or Injuries:
Date:	Describe:	Fatalities or Injuries:
Date:	Describe:	Fatalities or Injuries:

List all Traffic Violations Convictions, last 3 years: (Use back of page if more space needed)

Date:	Violation:	State:	Commercial Vehicle: Y or N
Date:	Violation:	State:	Commercial Vehicle: Y or N
Date:	Violation:	State:	Commercial Vehicle: Y or N
Date:	Violation:	State:	Commercial Vehicle: Y or N

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Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes or No If yes; state of issuance; explanation: ______________________________

Employment Experience

Start with your present or most recent job. Include any job-related military svc assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Supervisor	Job Title			
Reason For Leaving				
Were you subject to the Federal Motor Carrier Safety Regulations during this period?				Yes or No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes or No

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Supervisor	Job Title			
Reason For Leaving				
Were you subject to the Federal Motor Carrier Safety Regulations during this period?				Yes or No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes or No

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Supervisor	Job Title			
Reason For Leaving				
Were you subject to the Federal Motor Carrier Safety Regulations during this period?				Yes or No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes or No

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Supervisor	Job Title			
Reason For Leaving				
Were you subject to the Federal Motor Carrier Safety Regulations during this period?				Yes or No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?				Yes or No

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience

_____

_____

References

1) _____

(Name) (Phone Number)

_____

(Address) (Relationship)

2) _____

(Name) (Phone Number)

_____

(Address) (Relationship)

3) _____

(Name) (Phone Number)

_____

(Address) (Relationship)

Applicant's Statement

I certify that answers given herin are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyondt his time period should inquire as to whether or not applications are being accepted at that time.

I herby 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 such change is specifically acknowledged in writing by an authroized executive of this organization.

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.

_____ _____

Signature of Applicant Date

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Commercial Vehicle Driver Applicant

Controlled Substance and Alcohol Pre-Employment Notification & Acknowledgement

Pursuant to 49 CFR part 40.25(j)

I understand and acknowledge that I will be required to undergo a urine drug teste under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA), prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655*. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

(Print Name) (Signature) (Date)

*A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a <u>safety-sensitive position</u> in the past two years? **Please circle your response:**		**YES**	**No**
If YES ----------	Have you successfully completed the return-to-duty process?	**YES**	**No**
If YES ----------	**Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.**		

Applicant's Name (Printed)

Date

Applicant's Signature

TO BE COMPLETED BY EMPLOYER:

Received by

Reviewed By

Title Date Title Date

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j)

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous emplyer provided investigative information, must submit a written request to the prospetive employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employere 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 (5) business day deadlines 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 their request to review the records.

Certification

"I certify 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 Signed**

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No Date: _____

Remarks _____

_____ _____

Interviewer

Employed/Hired ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ _____

NAME AND TITLE DATE

NOTES _____