

Driver Application

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information; 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.

Signature _____ Date _____

For Company Use

Process Record

Applicant hired _____ Rejected _____

Start Date _____ Location _____

Termination of Employment

Date Terminated _____ Location Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Applicant to Complete
(Answer all questions – please print)

Position applied for _____

Name _____ Social Security # _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City Phone How Long? _____
State Zip Code yr/mo

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr/mo

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr/mo

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr/mo

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job you have applied?

If yes, explain if you wish _____

Driver Just Sign Very Bottom

Witness Signature

Date

**Request From Previous Employer
Employment and Alcohol/Drug History Inquiry**

To: _____ Date: _____

Mr./Ms. _____ SSN #: _____

has made an application to this company for a position as a _____ and states that he/she was employed by you as a _____ from _____ to _____

We are making this inquiry pursuant to the requirements of section 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations. Your reply will be held in strict confidence. To expedite the processing of the application a faxed reply will be appreciated. Your cooperation is appreciated.

Safety Department

Date

Employment History

1. Please list the dates of employment with your company: From _____ to _____
2. Reason for leaving your company: Discharged [] Resigned [] No Show [] Abandoned Vehicle []
Violation of Policies [] Comments: _____
3. What kind of work did he/she do? Driver [] Mechanic [] Warehouse [] Other: _____
4. If employed as a driver, please identify the type of equipment operated: Tractor-trailer [] Straight Truck []
Bus [] Forklift [] High lift [] Other: _____
5. Number of accidents during his/her employment: _____
6. To your knowledge, was the persons CDL suspended while in your employment? Yes [] No []
7. In your opinion, what was the employee's safety conduct? Average [] Below Average [] Poor []
8. Would you re-employ this person? Yes [] Maybe (upon review) [] No []

Alcohol/Drug History

1. If he/she was not subject to Part 382 testing requirement while employed by you, check here [], sign below and return.
2. Has the above named person had an alcohol test with a "Breath Alcohol Concentration" of 0.04% or greater during the past 36 months? Yes [] No []
3. Has the above named person tested positive for a controlled substance during the past 36 months? Yes [] No []
4. Has the above named person ever refused a required test for alcohol or drugs in the past 36 months? Yes [] No []

If the answer to any of the above questions is "yes", please identify the substance abuse professional that administered treatment as required by the U.S. Department of Transportation:

Name: _____ Telephone #: _____

Authorization To Release Above Requested Information

With my signature below, I am authorizing you to release any and all information regarding my services, character and conduct while I was employed by your company and you are released from any and all liability which may result from furnishing such information. You are hereby authorized to give any and all information to the inquiring company.

Signature _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary).

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

Employer

Name _____ From _____ To _____
Month/Year Month/Year

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/Wage _____

Contact Person _____ Phone Number _____

Reason for leaving _____

Were you subject to the FMCSRs** while employed? Yes No

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

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or

more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for the past 3 years of more (attach sheet if more space is needed) IF NONE, WRITE NONE

Dates (mm/dd/yy)	Nature of Accident (Head-on, rear-end, upset etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) IF NONE, WRITE NONE

Location	Date (mm/dd/yy)	Charge	Penalty

Attach sheet if more space is needed

Experience and Qualifications - Driver

Driver licenses or permits held in the past 3 years.	State	License Number	Class	Endorsement(s)	Expiration Date (mm/dd/yy)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, GIVE DETAILS: _____

Driving Experience

Class of Equipment	Circle Type of Equipment	Dates		Approx. number of miles (total)
		From (mm/yy)	To (mm/yy)	
Straight Truck	Van / Tank / Flat / Dump / Refrig.			
Tractor and Semi-Trailer	Van / Tank / Flat / Dump / Refrig.			
Tractor – Two Trailers	Van / Tank / Flat / Dump / Refrig.			
Tractor – Three Trailers	Van / Tank / Flat / Dump / Refrig.			
Motorcoach – School Bus (more than 8 passengers)				
Motorcoach – School Bus (more than 15 passengers)				
Other				

Company Name: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Signature Date

Printed Name ID Number

Previous Pre-Employment Driver Alcohol and Drug Test Statement

Sec. 40.25(j) as the contracting company, you must also ask the driver whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the driver admits that he or she had a positive test or a refusal to test, you must not use the driver to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

Prospective driver name (print)

ID Number

The prospective driver is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective driver (signature)

Date

Witnessed by (signature)

Date

Certification of Compliance with Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contains certain driver licensing requirements that you as a driver must comply with, including the following:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to:
 - a. Your employing motor carrier and;
 - b. The state that issued your license (if the violation occurs in a state other than the one which issued your license).

The notification to both the employer and state **must be in writing.**

3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Number	State	Expiration Date
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DRIVER CERTIFICATION:

I certify that I have read and understand the above requirements.

Driver's Name (printed)

Driver's Name (signature)	Date
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Driver Statement of On-Duty Hours
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (print) ID Number

Day	1 (yesterday)	2	3	4	5	6	7	
Date (mm/dd/yy)								
Hours Worked								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

P.M. A.M. /
Day Month Year Time

Driver's Signature Date

Driver Certification for Other Compensated Work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition on on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another company? Yes No

At this time do you intend to work for another company while still driving for this company? Yes No

Driver's Signature Date

Witness Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015