

APPLICATION FOR A DRIVING POSITION

Applicant Name _____ Date of Application _____

Company Name _____

Street 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 groups status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you make such investigations and inquiries of my, personal, employment, financial or medical history and any other related matters as may be necessary in arriving at a driving position decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offering of the driving position has been extended.) I hereby release employers, schools, health care providers and other persons from any and all liability in responding to inquiries and releasing information in connection with my application.

In the event I'm chosen for a driving position, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am 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 investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- a) Review information provided by previous employers
- b) Have errors in the information corrected by previous employers and for those previous employers to resend corrected information to the prospective employer; and
- c) 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

APPLICANT ACCEPTED _____ APPLICANT REJECTED _____

DATE DRIVER STARTED WORKING FOR THE COMPANY _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF WORKING RELATIONSHIP

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARY QUIT _____ OTHER _____

TERMINATION REPORT FILED _____ SUPERVISOR _____

This form is made available with the understanding that Our Safety Department LLC is not engaged in rendering legal, accounting, or other professional services. Our Safety Department LLC assumes no responsibility for the use of this form or any decisions by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE
(answer all questions - please print)

Position(s) Applied for: _____ Email: _____

Name: _____ Social Security #: _____
Last First Middle

List your addresses of residency for the past 3 years

Current Address _____ How Long? ____/____
Street City Yrs/Mos
State Zip Code Phone _____

Previous Address _____ How Long? ____/____
Street City State / Zip Yrs/Mos

_____ How Long? ____/____
Street City State / Zip Yrs/Mos

_____ How Long? ____/____
Street City State / Zip Yrs/Mos

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ Can you provide proof of age? Yes No
(Required for Commercial Drivers)

Have you worked for this Company before? Yes No Where _____

Dates: From: mo ____ yr ____ To: mo ____ yr ____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? Yes No If not, how long since last employed? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been bonded? Yes No Name of Bonding Company _____
(Answer only if job required)

Is there any reason you might be unable to perform the functions of the job for which you applied for (as described in the attached job description)? Yes No

If yes, please explain if you wish _____

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 addresses including 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 a vehicle. (**NOTE:** List employers in reverse order starting with the most recent. Add another sheet if necessary).

ANY GAP OF EMPLOYMENT OR UNEMPLOYMENT OF MORE THAN 30 DAYS NEED TO BE EXPLAINED IN DETAIL INCLUDING DATE AND REASON. USE AN EMPLOYER BOX FOR EACH PREVIOUS EMPLOYER AND GAP, PROVIDE DOCUMENTATION IF AVAILABLE. MUST HAVE A FULL 10 YEARS OF EMPLOYMENT HISTORY.

CURRENT EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
Email	DOT #			
Were you subject to the FMCSR's 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
ANY GAPS OF EMPLOYMENT and/or UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)				
Is there a gap in employment/unemployment?	YES	NO (if yes) From: mo. ____ yr. ____ To: mo. ____ yr. ____		
Explain:				

PREVIOUS EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
Email	DOT #			
Were you subject to the FMCSR's 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
ANY GAPS OF EMPLOYMENT and/or UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)				
Is there a gap in employment/unemployment?	YES	NO (if yes) From: mo. ____ yr. ____ To: mo. ____ yr. ____		
Explain:				

PREVIOUS EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
Email	DOT #			
Were you subject to the FMCSR's 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
ANY GAPS OF EMPLOYMENT and/or UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)				
Is there a gap in employment/unemployment?	YES	NO (if yes) From: mo. ____ yr. ____ To: mo. ____ yr. ____		
Explain:				

Employment History (continued)

PREVIOUS EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
Email	DOT #			
Were you subject to the FMCSR's 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
ANY GAPS OF EMPLOYMENT and/or UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)				
Is there a gap in employment/unemployment?		YES	NO (if yes) From: mo. ____ yr. ____ To: mo. ____ yr. ____	
Explain:				

PREVIOUS EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
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ANY GAPS OF EMPLOYMENT and/or UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)				
Is there a gap in employment/unemployment?		YES	NO (if yes) From: mo. ____ yr. ____ To: mo. ____ yr. ____	
Explain:				

PREVIOUS EMPLOYER			DATE	
Name			From Mo. Yr.	To Mo. Yr.
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone		Reason for Leaving	
Email	DOT #			
Were you subject to the FMCSR's 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
ANY GAPS OF EMPLOYMENT and/or UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)				
Is there a gap in employment/unemployment?		YES	NO (if yes) From: mo. ____ yr. ____ To: mo. ____ yr. ____	
Explain:				

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

‡The Federal Motor Carrier Safety Regulations (FMCSR's) 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 10,000 lbs. or more, (2) is designed or used to transport 8 or more 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 last **3 years** or more. (attach additional sheet if more space is needed) If **None**, Write **NONE**

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC.)		FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident						
1st Previous						
2nd Previous						

TRAFFIC CONVICTIONS and Forfeitures for the last **3 years** (Other than Parking Violations) If **None**, write **NONE**

LOCATION	DATE	CHARGE	PENALTY

(attach additional sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver's Licenses or permits held in the past 3 years	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXP. DATE

- A.) Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
- B.) Has any license, permit, or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER QUESTION A or B IS YES, PROVIDE DETAILS _____

DRIVING EXPERIENCE - CHECK YES OR NO

CLASS OF EQUIPMENT			TYPE OF EQUIPMENT <small>(list all that apply)</small> Van, Tank, Flat, Dump, Reefer, Other	DATES		Approx.. # of Miles Driven
	Yes	No		From (M/Y)	To (M/Y)	
Straight Truck				/	/	
Tractor - Semi-Trailer				/	/	
Tractor - 2 Trailers				/	/	
Tractor - 3 Trailers				/	/	
Motorcoach - School Bus			More than 8 passengers _____	/	/	
Motorcoach - School Bus			More than 15 passengers _____	/	/	
Other				/	/	

LIST STATES OPERATED IN FOR THE LAST 5 YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH OTHER THAN THOSE ALREADY SHOWN

EDUCATION

Highest Grade Completed: Grade School

High School

College

Last School Attended: Name: _____ City/State _____

TO BE READ AND SIGNED BY APPLICANT

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

Signature _____

Date _____