



APPLICATION FOR EMPLOYMENT

Company: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

PREVIOUS THREE YEARS RESIDENCY

Street Address: _____ City: _____

State: _____ Zip: _____ Number of Years Lived: _____

(Attach sheet if more space is needed)

DRIVER'S LICENSE INFORMATION

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Two Trailers				
Other				

ACCIDENT RECORD FOR PAST THREE YEARS

DATES	NATURE OF INCIDENT (Head-on, Rear-end, Upset, Etc.)	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST THREE YEARS (OTHER THAN PARING VOLATONS)

DATE CONVICTED (Month/Year)	STATE OF VIOLATION (Location)	CHARGE/VIOLATION	APPROX. NO. OF MILES (Forfeited Bond, Collateral and/or Points)

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 A or B is "YES", attach statement providing details)



PREVIOUS EMPLOYER INQUIRY

PART 1: DRIVER INFORMATION RELEASE, TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

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

I, _____ Social Security Number _____

Phone: _____ Fax: _____ Email: _____

Do hereby authorize my:

Previous Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

To release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below.

Prospective Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

In compliance with Part 391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email or letter.

Applicant Signature: _____ Date: _____

This information is being requested in compliance with CFR 40.25(g) and 391.23(c)(1).

PART: 2 REQUEST FOR INFORMATION, TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Is the employment record with your company correct as stated above? Yes / No
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? (Check the applicable vehicles)
Passenger Car _____ Straight Truck _____ Bus _____ Tractor-Semitrailer _____ Other _____
4. Was the applicant a safe and efficient driver? Yes / No
5. Reason for leaving your employ: Discharged _____ Laid Off _____ Resigned _____
6. Was the applicant's general conduct satisfactory? Yes / No
7. Was the driver ever placed out of service for hours-of-service violations? Yes / No
8. Did the applicant misuse alcohol or use a controlled substance? Yes / No



ANNUAL REVIEW OF DRIVER'S LIST OF VIOLATIONS

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS 391.27

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account on any violation required to be listed during the past 12 months.

Driver's Name: _____

Driver's Signature: _____ Date: _____

USDOT MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW OF DRIVING RECORD 391.25

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs). I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations such as speeding, reckless driving and operations while under the influence of alcohol or drugs the indicate the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a commercial motor vehicle pursuant to 391.15

Review Date: _____ Supervisor's Signature: _____

Name of Motor Carrier: _____



MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION

Motor Carrier Instructions: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification files was published in the Federal Registry April 20, 2012. Beginning May 21, 2014, motor carriers must certify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.52.

§391.23 Investigation and Inquires. (m)(1): The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (§391.23(m)(1)).

§391.51 General Requirement For Driver Qualification Files: (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (391.51(b)(9)).

Motor Carrier Verification: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Driver's License/CDL Number: _____

Medical Examiner: _____ National Registry Number: _____

Motor Carrier: _____

Location: _____

Verified By: _____ Date: _____
(Motor Carrier Representative Signature)

DRIVER STATEMENT OF ON-DUTY HOURS

Instructions: Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding seven days and time at which the driver was last relieved from duty prior to beginning work for the motor carrier as per Part 395.8(j)(2) Federal Motor Carrier Safety Regulations (FMCSR).

Note: Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name: _____

Driver's License/CDL Number: _____ Class: _____

Endorsements: _____

Restriction(s): _____

Type of License: _____ Issuing State: _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								TOTAL HOURS:
HOURS WORKED								

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:

Time: _____ On _____

Driver's Signature: _____ Date: _____

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 of on-duty time found in Section 395.2(8)(9) of the FMCSRs includes time performing any other work in the capacity of, or in the employ or service of, a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? YES / NO

At this time, do you intend to work for another employer while still employed by this company? YES / NO

I hereby certify that the information given above is true. I understand that once I become employed with this company, if I begin working for any additional employers for compensation, I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____