

# DRIVER APPLICATION/QUALIFICATION

**COMPANY** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

## **Instructions to Applicant**

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "no" or "None".

Date \_\_\_\_\_ Position applying for:  **Contractor**  **Driver**  **Contractor's Driver**

**Name** \_\_\_\_\_  
(First) (Middle) (Last)

**Phone Number** ( ) \_\_\_\_\_ **Emergency Phone Number** ( ) \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

**Do you possess a current DOT medical certificate?** \_\_\_ **Yes** \_\_\_ **No**

**Physical Exam Expiration Date:** \_\_\_\_\_

## **Current and Three Years Previous Addresses:**

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  **Yes**  **No**

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## **Educational History**

**Please Circle the highest grade completed:**

**Grade School:** 1 2 3 4 5 6 7 8 **High School:** 9 10 11 12 **College:** 1 2 3 4 **Post-Grad** 1 2 3

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## Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial motor vehicle driving experience for the past ten years.

Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Were you subject to the FMCSR\* while employed here?  **Yes**  **No**

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

Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Were you subject to the FMCSR\* while employed here?  **Yes**  **No**

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

Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

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Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason for Leaving \_\_\_\_\_ Phone # ( \_\_\_\_\_ )

Were you subject to the FMCSR\* while employed here?  **Yes**  **No**

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

*The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle : (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or, (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

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## Driving Experience

Class of Equipment	Dates From	Dates To	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two trailers (Doubles)			
Tractor-three trailers (Triples)			
Tractor-Tanker Trailer			
Other (Specify)			

List states you operated in, for the past five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HazMat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### **Accident Record for the past three years (*attach sheet if more space needed*)**

Date of Accident	Nature of Accidents (Head-on, rear end, upset, etc.)	Location of Accident (city and state)	# of Fatalities	# of Injuries

### **Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

### **Driver's License Information (*list each driver's license held in the past three years*)**

State	License Number	Type	Endorsements	Expiration 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 been suspended or revoked?     Yes     No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?     Yes     No
- D. Have you ever been convicted of a felony?     Yes     No

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## Personal References

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List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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## To Be Read and Signed by Applicant

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*It is agreed and understood that any misrepresentations given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agent may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examination as may be required to complete my application file.*

*It is agreed and understood that this Driver Application/Qualification in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which I may be disqualified without recourse.*

*This certifies 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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Remarks (for office use only)**

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