



## COMMERCIAL DRIVER APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_  
(Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Have you worked for the 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 new pay expected \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS-----DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE	VIOLATION	STATE	CMV	
			YES	NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)



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 GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)**

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING  
EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_



Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_



EMPLOYER: NAME _____	
ADDRESS _____	
TELEPHONE _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

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 employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer 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 drive 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



TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name N \_\_\_\_\_

ame \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Title T \_\_\_\_\_

itle \_\_\_\_\_

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**SIGNIFICANT DATES:**

Date of Hire: \_\_\_\_\_

Time & Date of Pre-Employment CST: \_\_\_\_\_

Time & Date of Pre-Employment CST Results Received: \_\_\_\_\_

Date first Used in Safety Sensitive Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_



COMMERCIAL VEHICLE DRIVER APPLICANT  
 Controlled Substance and Alcohol Questionnaire  
 Pursuant to 49 CFR part 40.25(j)

Application Date: \_\_\_\_\_

Name \_\_\_\_\_  
First M Middle L Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

49 CFR 40.25(j)

Have you ever 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 <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</u>	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.	YES	NO

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signed



**PREVIOUS EMPLOYER INFORMATION**

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Federal Motor Carrier Safety Administration.

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Former Employer's Name

Mailing Address

City/State/Zip

Telephone # \_\_\_\_\_ Fax Number

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby. Release the above named company, and it's employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date \_\_\_\_\_

Witness's Signature & Date \_\_\_\_\_

**REQUEST FROM:**

Company: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ SSN \_\_\_\_\_

JOB APPLYING FOR: \_\_\_\_\_

**INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS**

1. Did applicant work for you as a \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ YES or NO (If NO, please explain.)

2. If employed as a driver, please answer the following:

Company Driver? \_\_\_\_\_ Owner/Operator? \_\_\_\_\_ Other? \_\_\_\_\_

Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_





Commodities transported: \_\_\_\_\_

3. Accidents? YES or NO IF YES, please give date(s) and brief description of each accident:

\_\_\_\_\_

4. Why did this employee leave your company?

\_\_\_\_\_

5. Would you re-employ this person? YES or NO ( IF NO, please explain:)

\_\_\_\_\_

6. Additional comments:

\_\_\_\_\_

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING  
3 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): \_\_\_\_\_

Verified positive controlled substances test results? YES or NO If yes, please give date(s): \_\_\_\_\_

Refusals to be tested? YES or NO If yes, please give date(s): \_\_\_\_\_

Was rehabilitation completed as required? YES or NO If yes, please give date(s): \_\_\_\_\_

Person providing the above information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_