

Commercial Driver Application

Date: _____

Name (Print) First _____ Middle _____ Last _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Please list all addresses from the past three years.

1 Address _____

City _____ State _____ Zip _____

Dates from _____ to _____

2 Address _____

City _____ State _____ Zip _____

Dates from _____ to _____

3 Address _____

City _____ State _____ Zip _____

Dates from _____ to _____

Please provide driver's license information for all licenses held in the past three years.

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven
_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven
_____	_____ to _____	_____
Type of vehicle driven	Date	Approximate miles driven

Please list all accidents in the past three years. If none, write NONE.

Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____
Date _____	Describe _____	Fatalities ____	Injuries ____

Please list all traffic violation convictions in the past three years. If none, write NONE.

Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No
Date _____	Violation _____	State _____	CMV: Yes / No

Have you ever had a driver's license denied, suspended, revoked or canceled by any issuing agency?

_____ Yes _____ No If yes, list state of issuance and explanation: _____

Please list your employment history for last 5 years. Account for gaps in employment.

1. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA Regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

2. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

3. Employer _____ Dates: _____ to _____
Address _____ Supervisor _____
City _____ State _____ Zip _____ Telephone _____

Were you subject to FMCSA regulations during this period? Yes / No

Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period? Yes / No

Reason for leaving: _____

USE BACKSIDE OF SHEET FOR ADDITIONAL EMPLOYERS

For driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of Federal DOT.

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 information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation (DOT) regulated employment history in the preceding three years, and wish to review the information provided by the previous employer(s), must submit a written request to the prospective employer. This may be done at anytime, including when applying for the position, up to thirty days after being employed or when notified of denial of employment.

The prospective employer must provide this information to the applicant within five 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 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 days of the prospective employer making them available, the prospective motor carrier may consider the driver 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

This section to be completed by the employer.

Application received by:

Application reviewed for completeness by:

Name

Name:

Title

Date

Title

Date

For Office Use

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
