



## EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, phone numbers, city, state and zip codes.

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 vehicle. (Note: List employers in reverse order starting with the **most recent**. Add another sheet as necessary.)

EMPLOYER	DATE
NAME: _____	FROM            TO
ADDRESS: _____	MO. __ YR. __    MO. __ YR. __
CITY: _____ STATE: _____	POSITION HELD
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE
<u>Fax Number:</u> _____	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 ___	

EMPLOYER	DATE
NAME: _____	FROM            TO
ADDRESS: _____	MO. __ YR. __    MO. __ YR. __
CITY: _____ STATE: _____	POSITION HELD
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE
<u>Fax Number:</u> _____	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 ___	

EMPLOYER	DATE
NAME: _____	FROM            TO
ADDRESS: _____	MO. __ YR. __    MO. __ YR. __
CITY: _____ STATE: _____	POSITION HELD
CONTACT PERSON: _____ PHONE #: _____	SALARY/WAGE
<u>Fax Number:</u> _____	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 ___	

EMPLOYER	<u>DATE</u>
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ <u>Fax Number:</u> _____ WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO__	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
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 ___	

EMPLOYER	<u>DATE</u>
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ <u>Fax Number:</u> _____ WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO__	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
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 ___	

EMPLOYER	<u>DATE</u>
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ <u>Fax Number:</u> _____ WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO__	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
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 ___	

EMPLOYER	<u>DATE</u>
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ CONTACT PERSON: _____ PHONE #: _____ <u>Fax Number:</u> _____ WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO__	FROM _____ TO _____ MO. __ YR. __ MO. __ YR. __ POSITION HELD _____ SALARY/WAGE _____ REASON FOR LEAVING _____
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 ___	

Accident Record for the Past 3 Years  
(Attach sheet if more is needed)

Last Accident	_____	_____	_____	_____
	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries
Next Previous	_____	_____	_____	_____
	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries
Next Previous	_____	_____	_____	_____
	Date	Nature (Roll over, Rear End, etc.)	Fatalities	Injuries

Driving Experience

- Straight Truck
- Tractor Semi-Trailer
- Tractor 2 Trailer Combo
- Other

Class of Equipment	Type of Equipment	Dates: From / To	Miles Driven

List All Traffic Fines and Forfeitures For The Past 3 Years

Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes\_\_\_ No\_\_\_

B. Has any license you held ever been suspended or revoked? Yes\_\_\_ No\_\_\_

If you answered yes to any of the above give details below.

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C. Have you ever tested positive, or refused to test, on any drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes\_\_\_ No\_\_\_

If yes, can you provide return to duty information? Yes\_\_\_ No\_\_\_ N/A\_\_\_

E. Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release former employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required 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 :

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

If you wish to review previous employer-provided investigative information, you must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to you within five (5) business days of receiving this written request, or five (5) business days of receipt of the requested information from the previous employer, whichever is later.

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

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

**FOR COMPANY USE**

<b>APPLICANT HIRED</b> _____ _____	<b>REJECTED</b> _____
<b>DATE EMPLOYED</b> _____ <b>TERMINATION</b> _____	<b>DATE OF</b>
<b>DEPARTMENT</b> _____ _____	<b>CLASSIFICATION</b> _____