

# COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

.....  
Date: \_\_\_\_\_  
Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_ Home telephone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
.....

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

.....  
Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
.....

Driving Experience:

_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

.....

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
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Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
.....

List all Traffic Violations Convictions, last 3 years or attach MVR: (If none, write NONE)

You are certifying this information as true and accurate.

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: YES NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: YES NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: YES NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: YES NO

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: YES NO

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

If Yes; state of issuance; explanation: \_\_\_\_\_

<b>TO BE COMPLETED BY THE COMPANY:</b>		
<input type="checkbox"/> Verified	By: _____	Total Points _____

.....  
Criminal Background

Have you ever been convicted of a felony? Yes No

Have you been convicted of any criminal charges (misdemeanor or greater) within the last 10 years? Yes / No

Are you currently under investigation or currently charged with any criminal offenses? Yes No

Explain \_\_\_\_\_

<b>TO BE COMPLETED BY THE COMPANY:</b>		
<input type="checkbox"/> Verified	By: _____	

.....  
Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Reason 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

<b>TO BE COMPLETED BY THE COMPANY:</b>		
Verification sent by <input type="checkbox"/> Phone <input type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/> Email on _____ Second request _____		
<input type="checkbox"/> Verified	<input type="checkbox"/> No Response	By: _____

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason 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

<b>TO BE COMPLETED BY THE COMPANY:</b>
Verification sent by <input type="checkbox"/> Phone <input type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/> Email on _____ Second request _____
<input type="checkbox"/> Verified <input type="checkbox"/> No Response By: _____

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason 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

<b>TO BE COMPLETED BY THE COMPANY:</b>
Verification sent by <input type="checkbox"/> Phone <input type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/> Email on _____ Second request _____
<input type="checkbox"/> Verified <input type="checkbox"/> No Response By: _____

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason 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

<b>TO BE COMPLETED BY THE COMPANY:</b>
Verification sent by <input type="checkbox"/> Phone <input type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/> Email on _____ Second request _____
<input type="checkbox"/> Verified <input type="checkbox"/> No Response By: _____

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason 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

<b>TO BE COMPLETED BY THE COMPANY:</b>
Verification sent by <input type="checkbox"/> Phone <input type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/> Email on _____ Second request _____
<input type="checkbox"/> Verified <input type="checkbox"/> No Response By: _____

# 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."**

**"I authorize this motor carrier and/or it's agents to perform any/all investigations including but not limited to, Criminal Background checks, Consumer Credit checks, Motor Vehicle Record checks and Prior Employment verifications."**

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

\_\_\_\_\_  
Date Signed

As a prospective driver contractor, 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 motor carrier; 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.

Drivers who have previous Department of Transportation regulated history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective motor carrier, which may be done at anytime, including when applying or as late as thirty (30) days after being contracted with or being notified of denial of contract. The prospective motor carrier must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective motor carrier has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective motor carrier 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 motor carrier making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

## CDL/HAZMAT ONLY

### Controlled Substance and Alcohol Questionnaire

**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).**

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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?    Yes    No

If YES —Have you successfully completed the return-to-duty process?    Yes    No

If YES —Documentation **MUST BE PROVIDED** before any safety-sensitive transportation function is performed.

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

\_\_\_\_\_  
Date Signed

#### TO BE COMPLETED BY THE COMPANY:

Hazmat addendum reviewed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

#### TO BE COMPLETED BY THE COMPANY:

Application received by:

Application reviewed for completeness by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date