

DRIVER APPLICATION FORM

COMPANY NAME _____ Location: Region/District/Branch _____

COMPANY ADDRESS _____
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

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 that I have the right to:

- Review information provided by current/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."

Signature _____ Date _____

NAME _____
Last First Middle

Social Security Number _____ Phone Number _____ Date of Birth _____ Hire Date _____

ADDRESS _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

_____ Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? 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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	First, M.I., Last	Social Security Number
	hereby authorize:	Date of Birth
Previous Employer:		Email:
Street:		Telephone:
City, State, Zip:		Fax No.:
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application)		
To:		
Prospective Employer:		
Attention:		Telephone:
Street:		
City, State, Zip:		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number:		
Prospective employer's confidential email address:		
	Applicant's Signature	
		Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) from (m/y) to (m/y) 		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) 		
Completed by:		
Company:		
Street:		
City, State, Zip:		Telephone:
Signature:		Date:
Complete Sections 3 and 4 on SIDE 2 before returning.		

SIDE 2

Employee Name: _____

Date: _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here if there is no accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here and return if applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: YES NO
- An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated, or substituted.
 - A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substances use while on duty, except as allowed under §382.213. N/A
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here .
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

SECTION 5a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment 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. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
FIFTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
SIXTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
SEVENTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
EIGHTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
NINTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	
TENTH LAST EMPLOYER: Name _____ Phone Number () _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/year) (month/year) Reasons for Leaving _____ Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No *ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____	

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