

APPLICATION FOR EMPLOYMENT

COMPANY NAME: _____ STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME: _____
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS FOR THE PAST THREE YEARS:

_____ HOW LONG? _____
 (Street) (City) (State & Zip code)

_____ HOW LONG? _____
 (Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

DRIVING EXPERIENCE

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

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)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

- 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 A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

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

_____ **Date**

_____ **Applicant's Signature**

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: _____ FIRST NAME: _____ MI: _____ (MAIDEN NAME IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) : _____ (CELL) _____ SPE TESTING SITE STATE: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

_____ Pre-trip inspection (As required by Sec. 392.7)

_____ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)

_____ Placing the equipment in operation

_____ Use of the vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles.

_____ Turning the vehicle

_____ Braking, and slowing the vehicle by means other than braking

_____ Backing, and parking the vehicle.

_____ Other, Explain

Type of equipment used in giving test: _____

Date: _____ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) _____

EXAMINER'S NAME (SIGNATURE) _____

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: _____

**CERTIFICATE OF DRIVER'S ROAD
TEST**

Instructions: If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD
TEST**

DRIVERS LAST NAME: _____ FIRST NAME: _____ MI: _____

(MAIDEN NAME IF APPLICABLE): _____

Social Security Number _____

Operator's or Chauffeur's License Number: _____

State of Issuance: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If Passenger carrier, type of Bus: _____

This is to certify that the above-named driver completed a road test under my supervision on _____ (DD/MM/YYYY) consisting of approximately: _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): _____

Examiner's Name (Signature): _____

Title: _____

State Test Site: _____

Organization and Address of Examiner: _____

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER
REQUIRED BY PART 40.25 (j).**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

Name: _____ Date: _____

Social Security # _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

During the past two (2) years have you **refused to test** on a pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return to duty process required by Part 40, Subpart 0.

Date: _____ Name (printed): _____

Signature of Applicant/Driver _____

Witness: _____

Record keeping requirements: If "YES" to either question, 5 year retention.
If "NO" to both questions – discard after employment terminates.

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form