



# VALID DRIVERS LICENSE

STATE	LICENSE #	CLASS	EXPIRES		
<hr/>					
TWIC CARD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TANKER ENDORSEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	U.S. PASSPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN DENIED A LICENSE OR YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE? **IF YES, EXPLAIN:**

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HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? **IF YES, EXPLAIN:**

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## DRIVING EXPERIENCE

STRAIGHT TRUCK	VAN	YRS	FLAT	YRS	REGION(S)
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TRACTOR TRAILER	VAN	YRS	FLAT	YRS	REGION(S)
<hr/>					
OTHER		YRS		REGION(S)	

## ACCIDENT RECORD (LAST 3 YEARS)

NATURE OF ACCIDENT

DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	INJURIES	FATALITIES
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NATURE OF ACCIDENT

DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	INJURIES	FATALITIES
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## TRAFFIC CONVICTIONS (LAST 3 YEARS)

DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	CHARGE	PENALTY
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DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	CHARGE	PENALTY
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DATE	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PERSONAL VEHICLE	CHARGE	PENALTY
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HAVE YOU EVER BEEN CONVICTED OF DRUGS OR ALCOHOL? **IF YES, EXPLAIN:**

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? **IF YES, EXPLAIN:**

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## EMPLOYMENT HISTORY

List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commercial shall provide 10 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.)

<b>EMPLOYER</b>	<b>FROM</b>	<b>TO</b>
	Month	Year
	Month	Year
<b>POSITION HELD</b>	<b>SALARY/WAGE</b>	<b>REASON FOR LEAVING</b>
<b>ADDRESS</b>		
Street	City	State
		Zip
<b>CONTACT PERSON</b>	<b>PHONE #</b>	<b>JOB TITLE</b>
	(XXX) XXX-XXXX	
<b>WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF THE 49 CFR PART 40?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EMPLOYER</b>	<b>FROM</b>	<b>TO</b>
	Month	Year
	Month	Year
<b>POSITION HELD</b>	<b>SALARY/WAGE</b>	<b>REASON FOR LEAVING</b>
<b>ADDRESS</b>		
Street	City	State
		Zip
<b>CONTACT PERSON</b>	<b>PHONE #</b>	<b>JOB TITLE</b>
	(XXX) XXX-XXXX	
<b>WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF THE 49 CFR PART 40?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>EMPLOYER</b>	<b>FROM</b>	<b>TO</b>
	Month	Year
	Month	Year
<b>POSITION HELD</b>	<b>SALARY/WAGE</b>	<b>REASON FOR LEAVING</b>
<b>ADDRESS</b>		
Street	City	State
		Zip
<b>CONTACT PERSON</b>	<b>PHONE #</b>	<b>JOB TITLE</b>
	(XXX) XXX-XXXX	
<b>WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF THE 49 CFR PART 40?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) 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 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## EDUCATION

PLEASE INDICATE LAST GRADE COMPLETED:  ELEMENTARY  HIGH SCHOOL  GED  COLLEGE

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### LAST SCHOOL ATTENDED

Name

City

State

I HAVE SERVED IN THE U.S. ARMED FORCES,

BRANCH, FROM

TO

TRADE/OTHER TRAINING:

FROM

TO

## OTHER

DO YOU HAVE FULL KNOWLEDGE OF FEDERAL SAFETY REQUIREMENTS?

YES  NO

ARE YOU EMPLOYED NOW?  YES  NO WHEN WILL YOU BE AVAILABLE?

RATE OF PAY EXPECTED

WHO REFERRED YOU?

## MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentation of information given above shall be considered an act of falsification. I agree and understand that the employer or agents may investigate my background to ascertain any and all information or concern to my employment is factual. I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse. This certifies 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 SIGNATURE

DATE

If filling out digitally – please type signature