

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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 MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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				

**PRELIMINARY TELEPHONE  
INQUIRY TO PAST EMPLOYER**

Company called: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Location: \_\_\_\_\_ State: \_\_\_\_\_  
Name of Person talked to: \_\_\_\_\_ Title / Position: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Job Applying For: \_\_\_\_\_

• Did the applicant work for you as a \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ ?  
YES or NO If no, please explain: \_\_\_\_\_

"Pursuant to section 391.23 (a)(2) of the Federal Motor Carrier Safety Regulations, we would like to conduct an inquiry to your employment records for the stated applicant. This inquiry will consist of a faxed or mailed confidential inquiry to past employer form and will include the applicant's signed written consent for the release of information on the applicant's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested. Your cooperation in receiving this confidential inquiry form, providing the requested information, and returning the form as soon as possible will be greatly appreciated."

• "For confirmation purposes, would you please give me the name of the individual within your company that the confidential inquiry form should be sent to along with the fax number and address where this individual can be promptly reached."

ATTENTION: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Individual to receive the confidential inquiry form)

FAX NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

• "For the sake of saving time and convenience, we would prefer to FAX the confidential inquiry form to you. Would you please receive our form by FAX and agree to return the completed form to us by FAX as soon as practical?" YES or NO (If no, ask about mailing the form)

INTERVIEWER'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• "We can also send the confidential inquiry form to you by mail with a stamped, self-addressed envelope for ease in return. Would you please receive our form by mail and agree to return the completed form to us in the enclosed stamped, self-addressed envelope as soon as practical?" YES or NO (If no, record that the contact was unwilling to provide information)

INTERVIEWER'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **CONFIDENTIAL FAXED / MAILED INQUIRY RECORD (Check One):**

Contact unwilling to provide information..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM / PM Initials: \_\_\_\_\_

Form FAXED..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM / PM Initials: \_\_\_\_\_

Form MAILED..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM / PM Initials: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of the Person Collecting Information)

FORM COURTESY OF:



30(010)  
ERO:djs:1/96

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME		FROM MO.      YR.	TO MO.      YR.
ADDRESS		POSITION HELD	
CITY	STATE      ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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			

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NAME		FROM MO.      YR.	TO MO.      YR.
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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.