

**Before completing this application packet please make sure that you meet these minimum MVR requirements for our insurance purposes! Additional requirements may also be required!**

- 1) No more than 2 moving violations in the last 3 years.
- 2) No more than 2 accidents in the last 3 years.
- 3) No alcohol related violations in the last 3 years.
- 4) No reckless driving violations in the last 3 years – or need documentation that this was not an alcohol violation that was knocked down.
- 5) No severe violations (i.e. vehicular manslaughter, log violation for hours, any law-breaking or criminal activity, eluding and officer
- 6) No CDL driver with less than 2 years experience.
- 7) Physicals must be up to date.
- 8) A combination of accidents and/or moving violations not to total more than 1 within the last 3 years.
- 9) No suspended or expired licenses.



*Transport Division*

**COMMERCIAL DRIVER APPLICATION**

**APPLICANT INFORMATION**

DATE \_\_\_\_\_ Position applying for: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

FULL, LEGAL NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are At least 40 but less than 70 years of age)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

**CURRENT & PREVIOUS THREE YEARS ADDRESSES**

_____	FROM _____	TO _____
_____	FROM _____	TO _____
_____	FROM _____	TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_ Yes \_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

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

**EDUCATION HISTORY**

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4      Post Graduate 1 2 3 4

## EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

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

Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ 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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

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

Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ 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

Mo/Yr                  Mo/Yr                  Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

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

Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ 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

Mo/Yr            Mo/Yr            Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

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

Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ 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

Mo/Yr            Mo/Yr            Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

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

Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ 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

Mo/Yr            Mo/Yr            Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

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

Company phone (    ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ 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

## DRIVING EXPERIENCE

Class Equipment	From	To	Approximate Number of Miles
Tank truck & Trailer			
Fuel tankers of Any kind			
Tractor & Two or Three Trailers			
Tractor & Semi Trailers			
Straight Truck			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses /training completed (Safety, Security, Fuel Rack operations, HAZMAT, ETC)

\_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

Other information you want to provide us for consideration regarding your driving experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of people injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three (3) years:**

State	License	Type	Endorsement	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
 Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  Yes  No

Have you ever been convicted of a felony?  
 If the answer to any question listed above are "yes", give details \_\_\_\_\_

List three (3) persons for references, other than family members, who have knowledge of your personal and safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Read and Signed by Applicant:**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishings such information.*

*It is also agreed and understood that under the Fair Credit Act, Public Law 91-508, I have been told that this investigation may include an investigation Consumer Report, including information regarding my character general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified 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** \_\_\_\_\_

**Remarks: (For office use only)**
