



Application for Driving Position

_____ First Name	_____ M.I.	_____ Last Name
_____ Current Address	_____ City / State / Zip	_____ How Long?
_____ Home Phone	_____ Mobile Phone	_____ Work Phone
_____ Social Security Number	_____ Date of Birth	_____ Work Phone

List your previous addresses of residency for the past 3 years if different from current address.

_____ Current Address	_____ City / State / Zip	_____ How Long?
_____ Current Address	_____ City / State / Zip	_____ How Long?
_____ Current Address	_____ City / State / Zip	_____ How Long?

Experience – (Under type of equipment list things such as Van Trailers, Flat Beds, Reefers, Tankers, Straight Trucks)

1.	_____ Type of Equipment	From	_____ To	_____ Aprox Miles Drive
2.	_____ Type of Equipment	From	_____ To	_____ Aprox Miles Drive
3.	_____ Type of Equipment	From	_____ To	_____ Aprox Miles Drive
4.	_____ Type of Equipment	From	_____ To	_____ Aprox Miles Drive

Traffic Violations in the Last 3 Years:

1.	_____ Date	_____ State	_____ Charge	_____ Type of Vehicle
2.	_____ Date	_____ State	_____ Charge	_____ Type of Vehicle
3.	_____ Date	_____ State	_____ Charge	_____ Type of Vehicle

Accidents in the Last 3 Years:

1.	_____ Date	_____ State	_____ Description	_____ Type of Vehicle
2.	_____ Date	_____ State	_____ Description	_____ Type of Vehicle
3.	_____ Date	_____ State	_____ Description	_____ Type of Vehicle

Drivers Licenses Held in the Last 3 Years:

1.	_____	_____	_____
	State of License	License #	Expiration Date
2.	_____	_____	_____
	State of License	License #	Expiration Date
3.	_____	_____	_____
	State of License	License #	Expiration Date

Has your license ever been suspended or revoked? _____ If Yes, When? _____

If Yes, for what reason? _____

Have you ever been convicted of a felony? _____

If Yes, give date and nature of offense: _____

Training or Education related to Trucking:

_____	_____	_____
Conducted By	City, State	Education Topics Covered
_____	_____	_____
Conducted By	City, State	Education Topics Covered
_____	_____	_____
Conducted By	City, State	Education Topics Covered

Circle or enter the highest level of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

Have you ever served in the Armed Forces? _____

If Yes, did you receive an Honorable Discharge? _____

Are you a US Citizen? _____ If Foreign National, do you have a valid Green Card? _____

List states you have driven/operated in the last 3 years: _____

Employment History: *(List Employment for the Last 10 Years. Attach separate sheet if necessary)*

Last Employer:

_____	_____	_____
Company Name	Address, City, State, Zip	Phone
_____	_____	_____
Position Held	From	To
_____	_____	_____
		Salary

Was this position under FMCSA regulations? _____

Were you in an ACTIVE drug and alcohol testing program? _____

Reason for Leaving: _____

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Prospective Employee's First Name

M.I.

Last Name

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)).

Previous Employer Company Name

Previous Employer Address

City / State / Zip

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?

 YES NO

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

 YES NO

Prospective Employee's Signature

Date

Witnessed By Signature

Date

Pre-Employment Urinalysis Consent Form

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorizations.

I understand the above conditions are hereby agree to comply with them.

Prospective Employee's First Name

M.I.

Last Name

Prospective Employee's Signature

Date



Previous Employer Statement

Previous Employer Company Name: _____ Date _____

Prospective Employee's First Name _____ M.I. _____ Last Name _____

The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Please complete the following items and return to us as soon as possible.

Dates of employment with your company: From: _____ To: _____ Position: _____

Drug and Alcohol Inquiry:

If the above applicant was employed as a driver with your company, DOT regulations Sec 382.405 (f) and (h) {49 CFR, Part 40.25(H)} require that you provide the following information:

In the past three years, has the above individual ever:	Yes	No
Had a verified positive drug test result?	_____	_____
Had an alcohol test result with a breath alcohol concentration of 0.04 or greater?	_____	_____
Refused to submit for an alcohol or controlled substance test?	_____	_____
Violate any other DOT agency drug and alcohol testing regulation?	_____	_____

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional (SAP) Name _____ Telephone Number _____ Date Referred _____

_ Address _____ City / State / Zip _____

Department of Transportation Regulations Sec 391.23(g) - **Three Year Accident History**

Date	City/State	# of Injuries	# of Fatalities	Hazmat?	Preventable?

Why did this employee leave your company? Resigned _____ Discharged _____ Laid Off _____ Other _____

Would you re-employ this person? Yes _____ No _____ Please explain: _____

Remarks: _____

Signature of person filling out this form _____ Title _____ Date _____

Applicant Consent and Release: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (if I was employed as a driver) and all other records of employment including job performance to the above named carrier in connection with my application for employment. I hereby release my former employers from any and all liability of any type as a result of providing the above information.

Prospective Employee's Signature / Date _____

Results Reported by: Fax: _____ Phone: _____
Mail: _____