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Application for Driving Position

	First Name	M.I.	Last Na	ame
	Current Address	City / Sta	ate / Zip	How Long?
-	Home Phone	Mobil	e Phone	Work Phone
-	Social Security Number	Date	of Birth	Work Phone
List y	our previous addresses of re	esidency for the past 3 years	ears if different from current a	ddress.
	Current Addr	ess	City / State / Zip	How Long?
	Current Addr	ess	City / State / Zip	How Long?
	Current Addr	ess	City / State / Zip	How Long?
Ехре	erience – (Under type of equip	ment list things such as Val	n Trailers, Flat Beds, Reefers, Ta	nkers, Straight Trucks)
1	Type of Equipment	From	То	Aprox Miles Drive
2	Type of Equipment	From	То	Aprox Miles Drive
3	Type of Equipment	From	То	Aprox Miles Drive
4	Type of Equipment	From	То	Aprox Miles Drive
Traff	ic 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
Acci	dents 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

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Drivers Licenses Held in the Last 3 Years:		
1State of License	License #	Expiration Date
2State of License	License #	Expiration Date
3State 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	e completed:	
1 2 3 4 5 6 7 8 9 10 11 1	2 13 14 15 16 0	GED
Have you ever served in the Armed Forces?		
If Yes, did you receive an Honorable Dischar	ge?	
Are you a US Citizen? If Foreign National	ıl, do you have a valid Green	ı Card?
List states you have driven/operated in the last 3 year	rs:	
Employment History: (List Employment for the Last	t 10 Voars Attach sonarato	shoot if nacassany)
	. 10 Tears. Allacir separale s	sneet ii 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 prog		
Reason for Leaving:		

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Company Name	Address, City	Address, City, State, Zip	
Position Held	From	То	Salary
Was this position under FMCSA regula	ations?		
Were you in an ACTIVE drug and alco	hol testing program?		
Reason for Leaving:			
Third Last Employer:			
Company Name	Address, City	, State, Zip	Phone
Position Held	From	То	Salary
Was this position under FMCSA regula	ations?		
Were you in an ACTIVE drug and alco	hol testing program?		
Reason for Leaving:			
Forth Last Employer:			
Company Name	Address, City	, State, Zip	Phone
Position Held	From	То	Salary
Was this position under FMCSA regula	ations?		
Were you in an ACTIVE drug and alco	hol testing program?		
Reason for Leaving:			
reason for Leaving			
U			
U	Address, City	v, State, Zip	Phone
Fifth Last Employer:	Address, City From	/, State, Zip	Phone Salary
Fifth Last Employer: Company Name Position Held	From	To	Salary
Fifth Last Employer: Company Name Position Held Was this position under FMCSA regula	From ations?	То	Salary
Fifth Last Employer: Company Name	From ations?hol testing program?	То	Salary

This certifies that I completed this application, and that all entries, and information documented by me are true and complete to the best of my knowledge. By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004. Having made this acknowledgement, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial, or medical history, and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date	
	Date

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Previous Pre-Employment Employee Alcohol and Drug Test Statement

Prospe	ctive Employee's Fi	rst Name	M.I.		Last Name
on any obtain, years. perform	pre-employment dr safety-sensitive trai If the employee adr	ug or alcohol test an ensportation work conits that he or she enctions for you unti	Idministered by an emovered by DOT agence had a positive test or all and unless the emples.	ployer to which the emy drug and alcohol test a refusal to test, you m	sted positive or refused to test, aployee applied for, but did not ting rules during the past two must not use the employee to essful completion of the return-
Previou	us Employer Compa	ny Name			
Previou	us Employer Addres	S	City / State / Zip		
·	Have you tested p	ositive or refused to	o test, on any pre-emp		ns: ol test administered by an on work covered by DOT
			s during the past two y		on work covered by DOT
	□YES	\square 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 Signa	ature	Date	
	Witnes	ssed By Signature		Date	

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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 th	em.	
Prospective Employee's First Name		La	ast Name
Prospective Employee's Signature		Date	

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Previous Employer Statement

Previous Emplo	oyer Company Name:	Date				
Prospostivo Em	nployee's First Name	M.I.		Last N	Namo	
The person nar	ned above has applied to this compa illowing items and return to us as so	any for employment.	Your firm is listed by			
Dates of employ	yment with your company: From:		To:	Position:		
		Drug and Alcoho	ol Inquiry:			
	plicant was employed as a driver wit I provide the following information:	h your company, DC	T regulations Sec 3	382.405 (f) and (h) {4	19 CFR, Part 40.25(H)}	
In the past thre	ee years, has the above individual	l ever:		Yes	No	
Had a verified p	positive drug test result?					
Had an alcohol	test result with a breath alcohol con-	centration of 0.04 or	greater?			
Refused to sub	mit for an alcohol or controlled subst	tance test?				
Violate any other	er DOT agency drug and alcohol tes	ting regulation?				
If any of the abo	ove questions were answered yes, p	lease provide the fol	llowing:			
Substance Abu	se Professional (SAP) Name	Telephone No	Telephone Number Date Referred		eferred	
Address		City / State / 2	 Zip			
Department of ⁻	Transportation Regulations Sec 391	.23(g) - Three Yea i	r Accident History			
Date	City/State	# of Injuries	# of Fatalities	Hazmat?	Preventable?	
Why did this en	nployee leave your company? Resig	gned Dischar	ged Laid Off	Other		
	mploy this person? Yes No_					
-	mploy the person. Too No	•				
rtomanto						
Signature of po	rson filling out this form		Title		 Date	
release and for records of empl	sent and Release: I, ward all information regarding my ald loyment including job performance to my former employers from any and	cohol and controlled the above named o	substance testing (carrier in connection	if I was employed as with my application	s a driver) and all other for employment. I	
Prospective E	imployee's Signature / Date	_				
Results Repo	rted by: Fax:	Phone:				
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