



**DRIVER EXPERIENCE & QUALIFICATION - Complete This Page if Applying For a Driver Position.**

Are you 25 years of age or older? \_\_\_Yes \_\_\_No How long have you had a drivers license? \_\_\_\_Years

Date of Birth: \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their birth date ( § 3912.21(b)(2) )

Drivers Licenses held in the Past 3 Years:

State	License Number	Class	Endorsement(s)	Expiration Date

In the last 5 years, have you ever had any permit or privilege or license to operate a motor vehicle denied, suspended or revoked? \_\_\_ No \_\_\_ Yes If yes, please explain:

\_\_\_\_\_

Have you had any drug or alcohol related driving offenses within the past 5 years? \_\_\_ No \_\_\_ Yes If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

In the last 5 years, have you been employed or have your employment responsibilities included the operation of any of the following vehicles?

1. PRIVATE CARS \_\_\_Yes \_\_\_ No If Yes, please indicate dates: From\_\_\_\_\_ To\_\_\_\_\_
2. CABS \_\_\_Yes \_\_\_ No If Yes, please indicate dates: From\_\_\_\_\_ To\_\_\_\_\_
3. VANS \_\_\_Yes \_\_\_ No If Yes, please indicate dates: From\_\_\_\_\_ To\_\_\_\_\_
4. BUSES \_\_\_Yes \_\_\_ No If Yes, please indicate dates: From\_\_\_\_\_ To\_\_\_\_\_
5. STRAIGHT TRUCK \_\_\_Yes \_\_\_ No If Yes, please indicate dates: From\_\_\_\_\_ To\_\_\_\_\_
6. TRACTOR TRAILER \_\_\_Yes \_\_\_ No If Yes, please indicate dates: From\_\_\_\_\_ To\_\_\_\_\_

ACCIDENT REVIEW FOR PAST 3 YEARS: (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations:

Location	Date	Charge	Penalty

**Employment Record (attach additional sheet(s) if more space is needed)**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____	Date _____
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**You are required to give all employment information for at least three years.**

If you are applying for a position that requires a CDL you will need to list all employment where you operated vehicles requiring a CDL for the past **ten** years.

Last employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)

Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)

Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

**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.

(Date) \_\_\_\_\_ (Applicant's signature) \_\_\_\_\_

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**For Office Use-Please Do Not Write In This Space**

Applicant Approved? \_\_\_\_ Yes \_\_\_\_ No Date Of Employment: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

IN EMERGENCY NOTIFY: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**Termination Information**

Date Terminated: \_\_\_\_\_ Eligible For Reinstatement: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Voluntary: \_\_\_\_\_ Reason: \_\_\_\_\_

Involuntary: \_\_\_\_\_ Reason: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

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