

**APPLICATION FOR EMPLOYMENT**

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (Maiden Name, if any) \_\_\_\_\_ (LAST)

ADDRESS \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_ # YEARS \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_

\_\_\_\_ # YEARS \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_

\_\_\_\_ # YEARS \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSS states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	DATES	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK					
TRACTOR AND SEMI-TRAILER					
TRACTOR - TWO TRAILERS					
OTHER					

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION	LOCATION (forfeited bond, collateral and/or points)	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) \_\_\_\_\_

AND REASON: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) \_\_\_\_\_

AND REASON: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) \_\_\_\_\_

AND REASON: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be have the right to: Review information provided by current/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."

- Review information provided by current/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."

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

This certifies that I completed this application, 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.

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name) _____ First _____ M.I. _____ Last _____ Social Security Number _____	
Hereby authorize: _____ Date of Birth _____	
Previous Employer: _____ Email: _____	
Street: _____ City, State, Zip: _____	
Telephone: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To: _____ Prospective Employer: _____ Attention: _____ Telephone: _____	
Street: _____ City, State, Zip: _____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's tax number: _____	
Prospective employer's email address: _____	
Applicant's Signature _____ Date _____	
This information is being requested in compliance with §40.25(g) and 391.23.	

<b>PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER</b>					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>					
Employed as _____ from (m/y) _____ to (m/y) _____					
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____					
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.					
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.					
1.	Date	Location	# Injuries	# Fatalities	Hazard Spill
2.					
3.					
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____					
Any other remarks: _____					
Signature: _____ Title: _____ Date: _____					

**PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3**

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
YES  NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES  NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
YES  NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?  
YES  NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.  
YES  NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  
YES  NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

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

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Part 3 Completed by (Signature): \_\_\_\_\_

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

**PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_

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

**PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_

Method:  Fax  Mail  Email  Telephone

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

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- **PAGE 1 PART 1:** Prospective Employee  
Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer
- **PAGE 2 PART 4a:** Prospective Employer  
Complete the information
- Send to Previous Employer
- **PAGE 1 PART 2:** Previous Employer  
Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

- **PAGE 2 PART 3:** Previous Employer  
Complete the information required in this section
- Sign and date
- Return to Prospective Employer
- **PAGE 2 PART 4b:** Prospective Employer  
Record receipt of the information
- Retain the form

**RECORDS REQUEST FOR  
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

**\$391.23(i)(2)** Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

**PART 1: COMPLETED BY THE DRIVER/APPLICANT**

**TO:** Prospective Employer: \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_  
**FROM:** Driver/Applicant: \_\_\_\_\_ Social Security/I.D. # \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be:  sent to me at the above address.  I will arrange to pick up.

Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ M / \_\_\_\_\_ D / \_\_\_\_\_ Y

**PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER**

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

**Information supplied to:** Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**By:** Signature/person providing information \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Release Date: \_\_\_\_\_ M / \_\_\_\_\_ D / \_\_\_\_\_ Y

**SAFETY PERFORMANCE HISTORY INFORMATION  
DRIVER/APPLICANT REBUTTAL**

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(j)(3)** Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

**§391.23(j)(4)** After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

(i) Forward a copy of the rebuttal to the prospective motor carrier employer;

(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

**PART 1: COMPLETED BY THE DRIVER/APPLICANT**

**TO:** Previous Employer: \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**FROM:** Driver/Applicant: \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_

I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.

Reason for the rebuttal (attach documents as necessary): \_\_\_\_\_

I request that this rebuttal be sent to the attached list of motor carriers.

Driver/Applicant Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PART 2: COMPLETED BY THE PREVIOUS EMPLOYER**

Received by: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

COPY 1 PREVIOUS EMPLOYER

**CORRECTION REQUEST**

**OF**

**ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to

the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to

correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the

data as requested, that employer must also retain the corrected information as part of the driver's safety

performance history record and provide it to subsequent prospective employers when requests for this

information are received. If the previous employer corrects the data and forwards it to the prospective motor

carrier employer, there is no need to notify the driver.

**PART 1: COMPLETED BY THE DRIVER/APPLICANT**

**TO:** Prospective Employer: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

**FROM:** Driver/Applicant: \_\_\_\_\_

Social Security/I.D. # \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

I request correction of erroneous information in my Safety Performance History. Please forward to the following

prospective employer: Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Explanation of desired correction (attach documents as necessary)

Driver/Applicant Signature: \_\_\_\_\_

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

Driver: Retain **COPY 4 DRIVER RECORD** for your files. Submit copies 1, 2, and 3 to your previous employer.

**PART 2: COMPLETED BY THE PREVIOUS EMPLOYER**

**Disposition of the requested information:**

Information was corrected and forwarded to the prospective motor carrier employer.

The driver was notified on \_\_\_\_\_ that the previous employer does not agree to correct the data.

Return copy 3 to the driver.

Information sent to: Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Comments: \_\_\_\_\_

**By:** Signature/person providing information \_\_\_\_\_

Telephone # \_\_\_\_\_

Release Date: \_\_\_\_\_

**PART 3: COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER**

The corrected information was received on \_\_\_\_\_

Prospective Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Received by: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**COPY 1 PROSPECTIVE EMPLOYER**