



APPLICATION FOR EMPLOYMENT
GENERAL INFORMATION

Driver/Operator Position

1. Name: (Last) (First) (Middle) (Social Security Number)

2. Current Address: (Street) (City) (State) (Zip Code)

3. Mailing Address: (Street/PO Box) (City) (State) (Zip Code)

4. Addresses for last 3 years:

5. Phone Numbers: Home: Area Code Number Cell: Area Code Number

Message: Area Code Number Other: Area Code Number

6. Emergency Contact Information: Name: Relationship: Address: Phone:

7. Driver License: Number: State: class: Endorsements: Expires: Restrictions: Date of Birth (dd/mm/yyyy): Copy of MVR Attached?

8. We are regulated by Government and Customer requirements to include homeland security, transportation security, and pipeline hazardous materials transportation codes, regulations, and policies. We do conduct background investigations on all applicants who are selected for further consideration. You have the option of answering the following questions or declining to answer:

A Have you been charged with or convicted of a felony, DUI, DWI, or illegal use or possession of a controlled substance during the past five years and/or are you currently on parole or court ordered probation?

B Have you ever been discharged from the United States Armed Forces for other than honorable or medical reasons?

C Have you any medical or mental condition(s) which under the Americans with Disability Act we will need to make reasonable accommodations for? (If yes, we will require written instructions, from your doctor, as to what accommodations are to be provided)

My signature, affixed below, affirms that information which I have provided is accurate to the best of my knowledge.

Applicant's Signature

Date:

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Past Employment History

(From today going back ten full years)

9. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs* while employed? _____

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? _____

10. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs* while employed? _____

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? _____

11. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs* while employed? _____

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? _____

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or uses to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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12. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs* while employed? _____

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? _____

13. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs* while employed? _____

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? _____

14. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs* while employed? _____

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? _____

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or uses to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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15. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs while employed? _____

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? _____

16. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs while employed? _____

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? _____

17. Employer: _____ Phone Number: _____

Address: _____

Position: _____ Employed (mm/yyyy) from: _____ to: _____

Duties: _____

Wage: _____ Reason for leaving: _____

Were you subject to the FMCSRs while employed? _____

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? _____

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or uses to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding

Past Employment History (Continued)

18. Please list all unemployment periods of one month or longer starting with today and going back a full ten years.

FROM (mm/yyyy)	TO (mm/yyyy)	HOW DID YOU SUPPORT YOURSELF?
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____
E _____	_____	_____

Safety Information and History

19. List all driving licenses both commercial and non-commercial held during the last 3 years.

State-License Number-Class	State-License Number-Class	State-License Number-Class
_____	_____	_____

20. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

21. Has any license, permit or privilege ever been suspended or revoked? Yes No

22. Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations or had your commercial license suspended or restricted by a State for any reason(s)? Yes No

23. List all traffic violations, convictions and pending citations during the last 3 years.

Date	Offense (Describe the offense)	Status (Pending - Paid Fine - Dismissed - Time in Jail - Probation Time)
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____
E _____	_____	_____
F _____	_____	_____

Safety Information and History (Continued)

24. List all accidents in which you were involved during the last 3 years; without regard to fault/

Date	Brief Description of Accident	(Example: Rolled truck on off ramp or I was parked-other vehicle hit my trailer)
A		
B		
C		
D		
E		
F		

25. List all experience driving commercial motor vehicles.

	Years of Experience	Estimated Mile Driven
A. Tractor & Semi Trailer.....	_____	_____
B. Tractor & Double Trailers.....	_____	_____
C. Larger Combination Vehicles.....	_____	_____

D. Check type of trailers/equipment you have operated:

- Bulk Pneumatic Double Trailers
- Bulk Pneumatic Semi Trailers
- Fork Lift
- End Dump Trailers
- Bulk Vacuum Trailers
- Front Loader
- Bottom Dump Trailers
- Low Boy/Permit Loads

E. Do you have a TWICs card? _____ Do you have a TSA approval to haul Haz. Mat.? _____

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. I understand and agree that all documents provided by me and all forms attached are part of this application. I understand that in accordance with the Federal Motor Carrier Safety Regulations the information submitted on and with this application may be used, and your previous employers will be contacted, for the purposes of investigating your safety performance history information as required by FMCSR 49CFR391.23(d)(e). You, as the applicant have the right to view and to respond to the safety performance information provided by your prior employers. You may choose to dispute, further explain, or request additional information from your prior employer regarding information they have provided.

Applicant's Signature

Applicant's Printed Name

Date