

**APPLICATION FOR QUALIFICATION**

(Attach a separate sheet of paper if necessary for any additional information requested)

**DRIVER'S RIGHTS TO REVIEW BACKGROUND CHECK - Dear Applicant:** Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the work history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective motor carrier must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective motor carrier; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver Applicant Printed Name \_\_\_\_\_ Driver Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Last, First, Middle Initial

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip Duration

If at the above residence less than 3 years, list below all residences for the past 3 years.

Previous: \_\_\_\_\_  
Street City State Zip Duration

Email Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth\* / / \* Drivers only to complete Date of Birth Social Security No. - -

In Case Of Emergency Notify: \_\_\_\_\_ ( )  
Name Phone

Have you ever applied with this company before? Yes  No  If yes, when? \_\_\_\_\_

Have you ever worked for this company under another name? Yes  No  Name? \_\_\_\_\_

Are you applying as a  company driver or an  owner operator? (Check appropriate)

Are you currently employed? Yes  No  If not, how long since leaving last employment? \_\_\_\_\_

Date you are available to start work? \_\_\_\_\_ How long are willing to be away from home? \_\_\_\_\_

How much home time will you need when you return? \_\_\_\_\_ How many miles or hours are you expecting per week? \_\_\_\_\_ How much do you expect to make per week (gross)? \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  Any pending charges against you? Yes  No   
*(A conviction does not automatically bar you from employment) (Attach a separate sheet of paper if necessary)*

If yes, explain for each entry: 1) Is it a conviction or pending charge? 2) Date of conviction or upcoming hearing, and 3) State in which convicted/charged.

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

List special courses or training that will help you as a driver \_\_\_\_\_

**EMPLOYMENT RECORD** Complete all data for EACH previous employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec.391.21 (b) (10) (11). Account for any gaps in employment between employers.

**Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Second Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Third Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

**Fourth Last Employer:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Position Held \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Type Equip. Driven \_\_\_\_\_ Were you regulated by FMCSA during this job?  
Yes  No

Areas Driven In \_\_\_\_\_ Was this job a FMCSA safety sensitive function position subject to DOT  
regulated controlled substance & alcohol testing? Yes  No

Reasons for Leaving \_\_\_\_\_

## **DRIVER EXPERIENCE & QUALIFICATION**

**LICENSES:** List all licenses held in the **last 3 years**

<b>State</b>	<b>License Number</b>	<b>Type/Endorsements</b>	<b>Expiration Date</b>
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently hold more than one valid license? Yes  No

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

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

Have you ever tested positive or refused a pre-employment drug test for a motor carrier that didn't hire you in the last three (3) years? Yes  No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations (including Drug & Alcohol)? Yes  No

If answered Yes to any of the above questions, please give details:

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**Accident Review for past 3 years:** *(List none or NA if clean record)*

<u>Date</u>	<u>City, State</u>	<u># Fatalities</u>	<u># Injuries</u>	<u>Nature of Accident</u> <u>(Head-on, Rear-end, etc.)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Motor Vehicle Laws & Ordinance Violations:** for the past 3 years other than parking violation  
*(None or NA if clean record)*

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____

**EXPERIENCE:**

<u>Class of Equipment</u>	<u>Type (Van, Tank, Etc.)</u>	<u>Dates (From/To)</u>
_____	_____	_____
_____	_____	_____

