

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 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 \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

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# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| EMPLOYER  |              |     | DATE          |           |
|---|--------------|-----|---------------|-----------|
| NAME  |              |     | FROM<br>MO.   | TO<br>MO. |
| ADDRESS   |              |     | YR.           | YR.       |
| CITY  | STATE        | ZIP | POSITION HELD |           |
| CONTACT PERSON  | PHONE NUMBER |     | SALARY/WAGE   |           |
| REASON FOR LEAVING  |              |     |               |           |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |              |     |               |           |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |     |               |           |

**EMPLOYMENT HISTORY (continued)**

| EMPLOYER  |             |              | DATE               |     |
|---|-------------|--------------|--------------------|-----|
| NAME  | FROM<br>MO. | YR.          | TO<br>MO.          | YR. |
| ADDRESS   |             |              | POSITION HELD      |     |
| CITY  | STATE       | ZIP          | SALARY/WAGE        |     |
| CONTACT PERSON  |             | PHONE NUMBER | REASON FOR LEAVING |     |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |              |                    |     |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |              |                    |     |

| EMPLOYER  |             |              | DATE               |     |
|---|-------------|--------------|--------------------|-----|
| NAME  | FROM<br>MO. | YR.          | TO<br>MO.          | YR. |
| ADDRESS   |             |              | POSITION HELD      |     |
| CITY  | STATE       | ZIP          | SALARY/WAGE        |     |
| CONTACT PERSON  |             | PHONE NUMBER | REASON FOR LEAVING |     |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |              |                    |     |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |              |                    |     |

| EMPLOYER  |             |              | DATE               |     |
|---|-------------|--------------|--------------------|-----|
| NAME  | FROM<br>MO. | YR.          | TO<br>MO.          | YR. |
| ADDRESS   |             |              | POSITION HELD      |     |
| CITY  | STATE       | ZIP          | SALARY/WAGE        |     |
| CONTACT PERSON  |             | PHONE NUMBER | REASON FOR LEAVING |     |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |              |                    |     |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |              |                    |     |

| EMPLOYER  |             |              | DATE               |     |
|---|-------------|--------------|--------------------|-----|
| NAME  | FROM<br>MO. | YR.          | TO<br>MO.          | YR. |
| ADDRESS   |             |              | POSITION HELD      |     |
| CITY  | STATE       | ZIP          | SALARY/WAGE        |     |
| CONTACT PERSON  |             | PHONE NUMBER | REASON FOR LEAVING |     |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |              |                    |     |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |              |                    |     |

| EMPLOYER  |             |              | DATE               |     |
|---|-------------|--------------|--------------------|-----|
| NAME  | FROM<br>MO. | YR.          | TO<br>MO.          | YR. |
| ADDRESS   |             |              | POSITION HELD      |     |
| CITY  | STATE       | ZIP          | SALARY/WAGE        |     |
| CONTACT PERSON  |             | PHONE NUMBER | REASON FOR LEAVING |     |
| WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO  |             |              |                    |     |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |              |                    |     |

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used 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.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

| DATES         | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS<br>MATERIAL SPILL |
|---------------|--|------------|----------|-----------------------------|
| LAST ACCIDENT |  |            |          |                             |
| NEXT PREVIOUS |  |            |          |                             |
| NEXT PREVIOUS |  |            |          |                             |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

| Driver licenses or permits held in the past 3 years | STATE | LICENSE NO. | CLASS | ENDORSEMENT(S) | EXPIRATION DATE |
|---|-------|-------------|-------|----------------|-----------------|
|   |       |             |       |                |                 |
|   |       |             |       |                |                 |
|   |       |             |       |                |                 |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

| CLASS OF EQUIPMENT  | CIRCLE TYPE OF EQUIPMENT       | DATES      |          | APPROX. NO. OF MILES (TOTAL) |
|---|--------------------------------|------------|----------|------------------------------|
|   |                                | FROM (M/Y) | TO (M/Y) |                              |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO   | (VAN, TANK, FLAT, DUMP, REFER) |            |          |                              |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO                                       | (VAN, TANK, FLAT, DUMP, REFER) |            |          |                              |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO   | (VAN, TANK, FLAT, DUMP, REFER) |            |          |                              |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO                                       | (VAN, TANK, FLAT, DUMP, REFER) |            |          |                              |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>  | ---                            |            |          |                              |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small> | ---                            |            |          |                              |
| OTHER _____   |                                |            |          |                              |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
 LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY, STATE)

**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.

Signature: \_\_\_\_\_

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

# Motor Vehicle Driver's

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance.)

# REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to \_\_\_\_\_ (Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

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

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company) (Typed Name)

\_\_\_\_\_  
(Address) (Title)

\_\_\_\_\_  
(City) (State) (Signature)

## MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

### COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

|                                |                         |                       |
|--------------------------------|-------------------------|-----------------------|
| NAME OF DRIVER: (PRINT)        | ID NUMBER               | DATE OF EMPLOYMENT    |
| HOME TERMINAL (CITY AND STATE) | DRIVER'S LICENSE NUMBER | STATE EXPIRATION DATE |

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**(If you have had no violations, check the following box –  None.)**

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|------|---------|----------|--------------------------|
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_

### COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving     
  Is disqualified to drive a motor vehicle pursuant to Section 391.15  
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature Title

\_\_\_\_\_ Printed Name

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.