

Driver's Application for Employment

Application required by 49 CFR 391.21. Complete every section; write "none" where nothing applies.

MOTOR CARRIER

Company name	Company address
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APPLICANT

Full name	Date of birth	Social security number	Date of application
Current address (street, city, state, ZIP)		Phone	Email

ADDRESSES IN THE LAST 3 YEARS

Street	City, state and ZIP	From	To

DRIVER'S LICENSES AND PERMITS

Each unexpired commercial motor vehicle operator's license or permit issued to you.

State or issuing authority	License number	Class and endorsements	Expires

DENIAL, REVOCATION OR SUSPENSION

Has any license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? ☐ No ☐ Yes. If yes, give the facts and circumstances:

DRIVING EXPERIENCE

Class of equipment	Type (van, tank, flatbed, other)	From	To	Approximate miles
Straight truck				
Truck tractor and semitrailer				
Truck tractor and two or three trailers				
Bus				
Other:				

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ACCIDENTS IN THE LAST 3 YEARS

Date	Nature of the accident	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES IN THE LAST 3 YEARS

Violations of motor vehicle laws or ordinances, other than parking, for which you were convicted or forfeited bond or collateral.

Date	Violation	State or location	Type of vehicle

EMPLOYMENT HISTORY

List every employer in the last 3 years, most recent first. If you are applying to drive a vehicle that needs a commercial driver’s license, also list every employer in the 7 years before that for which you operated a commercial motor vehicle. Account for gaps. Use extra sheets if needed.

Employer name	From (month, year)	To (month, year)
Address	Position held	
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations in this job? ☐ Yes ☐ No	Was the job a safety-sensitive function subject to DOT drug and alcohol testing (49 CFR part 40)? ☐ Yes ☐ No	

Employer name	From (month, year)	To (month, year)
Address	Position held	
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations in this job? ☐ Yes ☐ No	Was the job a safety-sensitive function subject to DOT drug and alcohol testing (49 CFR part 40)? ☐ Yes ☐ No	

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EMPLOYMENT HISTORY, CONTINUED

Employer name	From (month, year)	To (month, year)
Address	Position held	
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations in this job? ☐ Yes ☐ No	Was the job a safety-sensitive function subject to DOT drug and alcohol testing (49 CFR part 40)? ☐ Yes ☐ No	

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TO THE APPLICANT

The information you give about previous employers may be used, and those employers will be contacted, to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). You have the right to review the information previous employers provide; to have errors corrected by the previous employer and the corrected information sent again to us; and to have a rebuttal statement attached to information you believe is wrong if you and the previous employer cannot agree on its accuracy (391.23(i)). To review the information, ask us in writing, when you apply or up to 30 days after you are hired or told you were not hired. We will provide it within five business days of receiving your request or of receiving the information.

CERTIFICATION

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