



## D.O.T. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

### PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS? \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIOR ADDRESS FOR PAST 3 YEARS: \_\_\_\_\_  
(LIST ADDITIONAL ADDRESSES ON SEPARATE SHEET IF NECESSARY)

CONTACT TELEPHONE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.**

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE

Have you ever applied for employment or been employed by any of the companies listed above?  YES  NO

How did you hear about the Company?  Referred  Billboard  Newspaper  Radio  Website  Internet

Other: \_\_\_\_\_

If referred by a current employee, please provide: Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS: DRIVER

Driver Licenses List any licenses held in the last three (3) years.	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO-MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

Total number of years of driving experience: \_\_\_\_\_

### ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION

DATES	NATURE OF ACCIDENT (Head on, Rear end, Roll Over, etc.)	FATALITIES	INJURIES
Most Recent:			
Next Previous:			
Next Previous:			
Next Previous:			



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### VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)

LOCATION	DATE	CONVICTIONS: Forfeited, Bond, or Collateral	PENALTY

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE

- a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?  YES  NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

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- b. Have you ever been convicted or been on probation for DWI or DUI?  YES  NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

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### PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicant pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: \_\_\_\_\_

Can you provide a copy?  YES  NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e., foot, leg, hand or arm)?  YES  NO

### ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?  YES  NO
2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?  YES  NO



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### EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

**\*ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED\***

Current Employer Name: _____			
Phone: _____			Fax: _____
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
May we contact employer prior to hiring?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Previous Employer Name: _____			
Phone: _____			Fax: _____
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Previous Employer Name: _____			
Phone: _____			Fax: _____
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO



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Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____			
Phone: _____		Fax: _____	
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for leaving: _____			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO



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During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic infraction? **A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied.**

YES  NO

If yes, please explain: \_\_\_\_\_

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  YES  NO

Will you work overtime or shift work?  YES  NO

You may be required to drive in a slip-seat arrangement which requires that you drive for up to 11 hours per day and work to a maximum of 70 hours per week. This DOT rule mandates that a driver must have at least 24 hours off duty before restarting. Wage Expected \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Available \_\_\_\_\_

### EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				YES	NO	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

### REFERENCES

List two persons familiar with your work record and/or abilities. Do not list relatives.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

### JOB RELATED SKILLS AND REQUIREMENTS

Do you have a current tanker endorsement?  YES  NO

Do you have liquid tanker driving experience?  YES  NO

If yes, how long? \_\_\_\_\_

Are you willing to take a drug test if required as part of your application?  YES  NO

If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after a hiring decision is made)?  YES  NO

Have you been given a job description or had the requirements of the job explained to you?  YES  NO

Do you understand the requirements?  YES  NO

Have you had safety training?  YES  NO



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Do you understand the importance of a safe work place?

YES  NO

### OTHER QUALIFICATIONS

Please list any other qualifications which you have and which you believe would be important for consideration by the Company pertaining to this application.

### CDL ENDORSEMENTS AND RESTRICTIONS

#### ENDORSEMENTS

- X TANKER & HAZMAT
- H HAZMAT
- N TANKER
- P PASSENGER
- T DOUBLE/TRIPLE TRAILER
- OTHER(LIST): \_\_\_\_\_

#### RESTRICTIONS/ WAIVERS (LIST ALL)


### FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed the Company will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) and a criminal check which is defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

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

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

Name (Please Print): \_\_\_\_\_