



# Employment History

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving for the past ten years.

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<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Present or Last Employer</u>
From _____	To _____	Name _____
Position Held _____	Address _____	
	(Street)	(City) (State/Zip)
Reason for Leaving _____	Phone #( _____ ) _____	
Were you subject to the FMCSRs* while employed here? <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		

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<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Last Employer</u>
From _____	To _____	Name _____
Position Held _____	Address _____	
	(Street)	(City) (State/Zip)
Reason for Leaving _____	Phone #( _____ ) _____	
Were you subject to the FMCSRs* while employed here? <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		

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<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Last Employer</u>
From _____	To _____	Name _____
Position Held _____	Address _____	
	(Street)	(City) (State/Zip)
Reason for Leaving _____	Phone #( _____ ) _____	
Were you subject to the FMCSRs* while employed here? <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		

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<u>Mo/Yr</u>	<u>Mo/Yr</u>	<u>Last Employer</u>
From _____	To _____	Name _____
Position Held _____	Address _____	
	(Street)	(City) (State/Zip)
Reason for Leaving _____	Phone #( _____ ) _____	
Were you subject to the FMCSRs* while employed here? <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		

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) Has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.



## Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List Special courses/training completed (PTD/DDC, Haz Mat, etc.) : \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

### Accident Record for the past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

### Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

### Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	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

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES  NO

D. Have you ever been convicted of a felony?..... YES  NO

If the answers to A,B,C, or D is "Yes", give details \_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she has a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.  
(See Section 40.25(b)(5) and (e).*

Applicant Name: \_\_\_\_\_ ID Number (SS#) \_\_\_\_\_  
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes  No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes  No

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_