



DRIVER'S APPLICATION FOR EMPLOYMENT

RANDOLPH LOCATION: _____

POSITION APPLIED FOR: _____

Full name: _____
Last First M.I.

Date: _____

Current Address: _____
Street address Apt/Unit #

City State Zip Code

Phone: _____

Email: _____

Previous Address: _____
Street address City State, Zip Code

How Long: _____

Previous Address: _____
Street address City State, Zip Code

How Long: _____

In compliance with Federal and State Equal employment opportunity laws all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, status as a protected veteran, or any other protected status.

TO BE READ AND SIGNED BY APPLICANT

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 _____

Date of Birth: _____ S.S. no: _____ Height/Weight _____ / _____

Who Referred You? _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (LIST ADDITIONAL ON BACK IF MORE SPACE NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, etc.)	FATALITIES	INJURIES
MOST RECENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE
(LIST ADDITIONAL ON BACK IF MORE SPACE NEEDED)**

DATES	LOCATION	CHARGE	PENALTY
MOST RECENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

EXPERIENCE AND QUALIFICATIONS - DRIVER LICENSES OF PERMITS IN THE PAST 3 YEARS

STATE/NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
/			
/			
/			

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If "Yes", give details: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No If "Yes", give details: _____

DRIVING EXPERIENCE AND EDUCATION

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES (M/Y)		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK Yes <input type="checkbox"/> No <input type="checkbox"/>	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR AND SEMI-TRAILER Yes <input type="checkbox"/> No <input type="checkbox"/>	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR - TWO TRAILERS Yes <input type="checkbox"/> No <input type="checkbox"/>	VAN, TANK, FLAT, DUMP, REFER			
MOTOR COACH-SCHOOL BUS Yes <input type="checkbox"/> No <input type="checkbox"/>	MORE THAN 8 PASSENGERS			
MOTOR COACH-SCHOOL BUS Yes <input type="checkbox"/> No <input type="checkbox"/>	MORE THAN 15 PASSENGERS			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST SPECIAL COURSES/TRAINING RECEIVED: _____

AWARDS RECEIVED AND FROM WHOM: _____

CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED: 1 2 3 4 5 6 7 8 HIGHSCHOOL 1 2 3 4 COLLEGE 1 2 3 4

EMPLOYMENT HISTORY (10 YEARS REQUIRED)

MOST RECENT EMPLOYER	DATES OF EMPLOYMENT (M/Y)	JOB TITLE/WORK PERFORMED:
	From To	
ADDRESS (STREET, CITY, STATE, ZIP)	PAY	TYPE OF EQUIPMENT DRIVEN:
	Starting Ending	
CONTACT PERSON:	PHONE NUMBER:	
REASON FOR LEAVING:	WAS YOUR JOB SUBJECT TO THE FMCSRs WHILE EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?		Yes <input type="checkbox"/> No <input type="checkbox"/>

PRIOR EMPLOYER	DATES OF EMPLOYMENT (M/Y)	JOB TITLE/WORK PERFORMED:
	From To	
ADDRESS (STREET, CITY, STATE, ZIP)	PAY	TYPE OF EQUIPMENT DRIVEN:
	Starting Ending	
CONTACT PERSON:	PHONE NUMBER:	
REASON FOR LEAVING:	WAS YOUR JOB SUBJECT TO THE FMCSRs WHILE EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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?		Yes <input type="checkbox"/> No <input type="checkbox"/>

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EMPLOYMENT HISTORY CONTINUED

PRIOR EMPLOYER	DATES OF EMPLOYMENT (M/Y)		JOB TITLE/WORK PERFORMED:
	From	To	
ADDRESS (STREET, CITY, STATE, ZIP)	PAY		TYPE OF EQUIPMENT DRIVEN:
	Starting	Ending	
CONTACT PERSON:		PHONE NUMBER:	
REASON FOR LEAVING:	WAS YOUR JOB SUBJECT TO THE FMCSRs WHILE EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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?			Yes <input type="checkbox"/> No <input type="checkbox"/>

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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?			Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

SIGNATURE _____ DATE _____