DRIVER EMPLOYMENT APPLICATION

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION							
FIRST NAME		MIDDLE NAME		LAST NAME			
PHONE		EMAIL					
DATE OF BIRTH		SOCIAL SECURITY #					
DATE OF APPLICATION		POSITION APPLIED FOR			DATE AVAILABLE FOR WORK		

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Including all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVOIUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheets if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheets if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require 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 motor vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).

Any gap in employment of more than one (1) month must be explained.

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

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ 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? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ 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? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ 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? ☐ YES ☐ NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

APPLICANT CERTIFICATION, AUTHORIZATION & AGREEMENT

1. Regulatory Compliance and Anti-Discrimination Notice

Pursuant to federal safety regulations mandated by the Federal Motor Carrier Safety Administration (FMCSA) under 49 CFR § 391.21, applicants for commercial driving positions are required to provide their exact date of birth, traffic histories, and a 10-year employment history. This information is collected solely for safety qualification and federal regulatory compliance purposes and will not be used for discriminatory purposes in violation of the Washington Law Against Discrimination (WLAD).

- **I acknowledge receipt of the regulatory compliance and anti-discrimination notice. _____**

2. Applicant Certification

I certify that this application was completed by me, and that all entries on it and information in it are true, complete, and correct to the best of my knowledge. I understand that any misrepresentation, false or misleading information, or omission of information given in my application or interview(s) may result in the rejection of this application or immediate termination and discharge from employment. I further certify that I hold only one valid commercial motor vehicle operator's license. I also understand that I am required to abide by all rules and regulations of the Company.

- **I certify that the information provided is true and correct, and I agree to these terms. _____**

3. Background Investigation & Liability Release

I authorize the Company to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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.

I understand that the information I provide regarding my current and/or prior 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.

- **I authorize the background investigation and release all parties from liability. _____**

4. Driver Review Rights (49 CFR § 391.23)

Regarding the safety history information requested under federal regulations, I understand that I have the right to:

- **Review** information provided by current/previous employers;
- **Have errors corrected** in the information by previous employers, and for those previous employers to resend 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.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

- **I understand my driver review and rebuttal rights under federal regulations. _____**

Applicant Signature		Date	
Applicant Name (printed)			