

DRIVING EXPERIENCE

Class of equipment (Straight Truck, Tractor/Trailer, Doubles/Triples, Bus)	Type of equipment (Van, Tanker, Flat, Reefer, ect.)	(Dates)		Approximate Total Miles
		From	To	

ACCIDENT REVIEW FOR THE PAST THREE YEARS (Attach a separate sheet if more space is needed.)

	Nature of Accident (Head-on, Rear-end, Overturn, Backing, etc.)	Fatalities	Injuries	Date
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS AND FORFEITURES (for the past three years other than parking violations)

Location	Date	Charge	Penalty

Employment History Information

(10 years CDL Driver)

(3 years non-CDL Driver)

Company: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year per month/year

Reason for leaving: _____

391.21 Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? [] Yes [] No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? [] Yes [] No

Employment History Information continued for : _____

Driver last name, Driver first name

Company: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year per month/year

Reason for leaving: _____

391.21 Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

Company: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year per month/year

Reason for leaving: _____

391.21 Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

Company: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year per month/year

Reason for leaving: _____

391.21 Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

Employment History Information continued for : _____

Driver last name, Driver first name

Company: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year per month/year

Reason for leaving: _____

391.21 Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

Company: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year per month/year

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Company: _____ Supervisor's Name: _____

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month/year month/year per month/year

Reason for leaving: _____

391.21 Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employers? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

I have been informed by this company that the previous employment information I have given for the preceding three years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have a right to have errors in the information corrected by previous employers and for that previous employer to re-send the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. This company advised me that within five business days after receiving my request or within five business days of receiving the information, they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making process for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with the previous DOT regulated motor carriers.

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 Signature

*Applicant must read and sign