

Driver Employment Inquiry

PERSONAL INFORMATION

FIRST NAME: MIDDLE: LAST NAME:

ADDRESS:

CITY: STATE: ZIP:

DATE OF APPLICATION: DATE OF BIRTH:

POSITION APPLIED FOR:

THE FMCSA REGULATIONS 21 (b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

EXPERIENCE AND QUALIFICATIONS: DRIVER

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	Manual Auto		DATE FROM	DATE TO	APPROXIMATE TOTAL NUMBER OF MILES
Straight Truck						
Tractor & Semi Trailer						
Tractor & Two Trailers						
Other						

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

LOCATION	DATE	CONVICTIONS: Forfeited, Bond or Collateral	PENALTY

Have you ever been convicted or been on probation for DWI or DUI?

Yes

No

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

ALCOHOL AND SUBSTANCE ABUSE 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 to 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

If the answer to (1) or (2) is yes, please explain in the space provided below. Attach an additional sheet if necessary.

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CONVICTIONS & INFRACTIONS

During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic accident?

Yes

No

If yes, please explain fully in the space provided below. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. Attached additional sheet if necessary.

EDUCATION: Mark the highest grade completed

GRADE SCHOOL 1 2 3 4 5 6 7 8

HIGH SCHOOL 9 10 11 12

COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED:

City, State:

CDL ENDORSEMENTS

X Tanker & Hazmat

H Hazmat

N Tanker

P Passenger

T Double/Triple Trailer

Other: Please list to the right.

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Current Employer Name:

Phone:

Fax:

Address:

Position Held:

From:

To:

Salary:

May we contact your employer prior to hiring?

Yes

No

While employed here, were you subject to FMCSA 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

Previous Employer Name:

Phone:

Fax:

Address:

Position Held:

From:

To:

Salary:

May we contact your employer prior to hiring?

Yes

No

While employed here, were you subject to FMCSA 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

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Phone: Fax:

Address:

Position Held: From: To: Salary:

May we contact your employer prior to hiring? Yes No

While employed here, were you subject to FMCSA 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

Previous Employer Name:

Phone: Fax:

Address:

Position Held: From: To: Salary:

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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

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Yes No

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Yes No