



Commercial Driver Application

Address 2110 W. Omni Dr.

City Idaho Falls

State Idaho

Zip 83402

Applicant Information

Date

Possiton Applying for: Contractor Driver Contractor's Driver

Name

Phone

Emergency Phone

Age

Date Of Birth

SS#

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

Physical Exam Expiration Date

Current & Previous Three Years Addresses:

Table with 3 rows and 2 columns: From, To

Have you Worked For This Company Before? Yes NO

If Yes, give dates: From To

Reason for leaving?

Education History:

Please put the highest grade completed:

Grade School:

College:

Post Graduate:

Employment History:

Give the COMPLETED RECORD of all employment for the past three (3) years, Including any unempoyment or self employment periods, and all commercial driving experiancefor the past ten (10) years.

Table with 3 columns: Mo/Yr From, Mo/Yr To, Present or Last Employer Name

Position Held Address

Reason for Leaving Company Phone

Were you subject to the FMCSRs while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug ans alcohol testing requirements of 49CFR part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug
ans alcohol testing requirements of 49CFR part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug
and alcohol testing requirements of 49CFR part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug
ans alcohol testing requirements of 49CFR part 40? _____ Yes _____ No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for Leaving _____ Company Phone _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug
ans alcohol testing requirements of 49CFR part 40? _____ Yes _____ No

(attach additional sheets for 10-year history, if needed.)

Driving Experience

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor and Semi- Trailer			
Tractor and two trailers			
Tractor & triple trailers			
Other			

List states operated in the last five (5) years: _____

List special courses/ training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three (3) years: (attach sheet if more space is needed)

Date of Accident	Nature of Accidents Head on, rear end, etc	Location of Accidents	# of fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years:

Date	Location	Charge	Penalty

Drivers License (List each driver's license held in the past three (3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any License, permit or privilege ever been suspended or revoked? Yes No

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

Have you ever been convicted of a felony? Yes No

If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name	_____	Address	_____	Phone	_____
Name	_____	Address	_____	Phone	_____
Name	_____	Address	_____	Phone	_____

To be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as maybe required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ Date _____

Remarks: (For office use only)
