



## Driver Employment Application

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

An equal opportunity employer

### Application Information

First Name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Application \_\_\_\_\_

Position applied for \_\_\_\_\_

Date available for work \_\_\_\_\_

### Previous Three Years Residency

	Street	City	Prov/State	Postal/zip	Years at address
Current					
Mailing					
Previous					
Previous					
Previous					



**Driving Experience**

Class of Equipment	Type of equipment operated (flat, tank, van, etc.)	Date from	Date to	Approx. # of miles (total)

**Accident record(s) for the past three years**

Attach additional sheet if more space is required.

Dates (list most recent first)	Description	Fatalities	Injuries	Chemical Spill Y/N

**Traffic Convictions and failed motor carrier inspections in the past three years**

Date convicted (month/year)	Violation	Province State of Violation	Penalty



Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Y  N

If yes please explain:

Has any license, permit, or privilege ever been suspended or revoked?  Y  N

If yes please explain:

### Employment History

The United States federal motor carrier safety regulations 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 vehicle previously, you must provide seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, State/province and all other information.

#### Current (most recent) employer

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: \_\_\_\_\_

Explain any gaps employment history (include year, month & reason)



**Second (most recent) employer**

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: \_\_\_\_\_

Explain any gaps employment history (include year, month & reason)

**Third (most recent) employer**

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ from Mo/Yr. \_\_\_\_\_ to Mo/Yr. \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: \_\_\_\_\_

Explain any gaps employment history (include year, month & reason)

**Education**

School	Name & location	Course of study	Years completed	Graduate Y or N	Details
High School					
Post- Secondary					
Other					

Please attach an additional sheet for further relevant educational history.



**To be read and signed by applicant**

I authorize you to make investigations (including contacting my current and prior employers) into my employment, and medical history, as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from any liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

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 as required by the United States federal motor carrier safety administration. I understand I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the perspective employer; and
- Have a rebuttal statement attached to the alleged inaccurate information, the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. More information may be required if requested for the purposes of my employment.

Applicant Name (please print) \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY MANAGEMENT**

(Please check off the following items for approval process)

Has the applicant submitted a current abstract that is less than 30 days old?

Has the application form been filled out correctly?

Have documented reference checks been completed?

Has a company road test been completed?

**Is the individual being hired Yes or No?**

If yes to the above question please include start date: \_\_\_\_\_

Management Name (Print) \_\_\_\_\_

Management Signature \_\_\_\_\_ Date \_\_\_\_\_