

COMMERCIAL DRIVER APPLICATION

Please email completed application to jimbaird@wwsiofma.com

Date: _____
Applicant Name _____ Main Phone () _____
Last First Middle

Current Address _____
Street City State Zip Code

*If at current address less than three years, list below all residences for the past three years.

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____
Who Referred You? _____ Rate of Pay Expected? _____

DRIVER EXPERIENCE AND QUALIFICATIONS EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) 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 vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: _____
Position Held: _____ From _____ To _____ Salary _____
Mo/Yr Mo/Yr

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: _____
Position Held: _____ From _____ To _____ Salary _____
Mo/Yr Mo/Yr

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: _____
Position Held: _____ From _____ To _____ Salary _____
Mo/Yr Mo/Yr

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: _____
Position Held: _____ From _____ To _____ Salary _____
Mo/Yr Mo/Yr

Reason for Leaving: _____

ACCIDENT HISTORY

Accident review for the past 3 years (attach a separate sheet of paper if more space needed).

Date	Nature of Accident (Head-On,Rear-End,Upset,etc)	#Fatalities	#Injuries	#Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Federal Motor Carrier Safety Regulations (49CFR391.21) requires that driver applicants state their date of birth and SS#.

Date of Birth _____ Social Security Number _____ - _____ - _____
Month/day/year

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391.21) requires that driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination_____ Can you provide a copy?_____ Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to loss of foot, leg, hand or arm?_____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR391.25(I) require that all persons applying for a driving position requiring a commercial driver license to answer the following questions?

- 1) Within the last two years, have you ever tested positive, or refuse 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 years, have you ever tested positive, or refuse to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? _____Yes_____No
- 3) If you answered yes to either 1 or 2, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?_____ Yes _____No

DRIVER'S LICENSE INFORMATION

Drivers Licenses held in past three years must be shown

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yea_____ No_____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes_____ No_____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes_____ No_____

If you answered "Yes" to A, B, C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

List state operated in during the last five years: _____

List special courses or training that will help you as a driver: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

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 investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Date Applicant's Signature

