



1090 Manchester Ave. Wabash, Indiana 46992
(260) 274-0393

Driver's Application for Employment

The information requested on this form is the information that is required by federal law. The information provided will be verified by the employer as required under various parts of 49 CFR including Part 382 and Part 391. The applicant understands that information regarding current and/or previous employers may be used and those employers may be contacted for the purpose of investigating the applicant's safety performance history. Furthermore, the applicant understands that they have the right to review information provided by previous employers, have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer, and have a rebuttal statement attached to the alleged erroneous information, if the previous employers and the applicant cannot agree on the accuracy of the information. **Fill in all Blanks.**

APPLICANT INFORMATION		
Last Name	First Name	Current Date
Street Address		Date of Birth
City / State	ZIP	SSN
Primary Phone		Secondary Phone
Date Available to Start	Willing to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>	Expected Pay
Position Applied for		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked/applied here before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	

REFERENCES	
List two professional references below that does not include family and/or relatives	
Full Name	Relationship
Phone ()	
Full Name	Relationship
Phone ()	



The applicant must provide all of the information for employers over the previous 3 years. Additionally, in order to drive a commercial motor vehicle (CMV) whether it is intrastate or interstate commerce the applicant must provide an additional 7 years of the information for all employers the applicant has operated a CMV. Verify that all of the data for each previous employer is filled out completely. Also, account for any gaps in employment between employers.

PREVIOUS EMPLOYMENT (LIST THE MOST RECENT FIRST)		
Company		Dates Employed From To
Address		Reason For Leaving
City / State	ZIP	
Contact Person	Phone ()	Pay Rate / Salary
Job Title & Duties		
Type of Equipment Operated		
Were you regulated by the Federal Motor Carrier Safety Regulations (FMCSRs)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Was your job designated as a safety-sensitive function in a DOT regulated? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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DRIVER'S QUALIFICATIONS

List all Driver Licenses or Permits over the previous 3 years.

<i>State</i>	<i>License Number</i>	<i>Type</i>	<i>Expiration Date</i>

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

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain:

Have you ever been convicted of a felony? YES NO

If yes, explain:

DRIVER'S EXPERIENCE

<i>Class of Equipment</i>	<i>Type of Equipment (Circle all applicable)</i>	<i>Date From</i>	<i>Date To</i>	<i>Approx. Total Number of Miles</i>
Straight Truck - YES <input type="checkbox"/> NO <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer - YES <input type="checkbox"/> NO <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor Two Trailers - YES <input type="checkbox"/> NO <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Motor coach-School Bus - YES <input type="checkbox"/> NO <input type="checkbox"/>	N/A			



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DRIVER'S RECORD

List all Accidents over the previous 3 years. If none, write "None".

<i>Date (List Most Recent First)</i>	<i>Nature of Accident</i>	<i>Injuries/Fatalities</i>	<i>Hazardous Material Spills</i>

List all Traffic Convictions over the previous 3 years. If none, write "None". (Do not include parking tickets)

<i>Date (List Most Recent First)</i>	<i>Location</i>	<i>Charge</i>	<i>Penalty</i>

Answer the following Drug and Alcohol questions regarding the previous 3 years.

Have you violated the Alcohol and Control Substance prohibitions of 49 CFR? YES NO

Have you failed to complete a rehabilitation program pursuant to 49 CFR? YES NO

EDUCATION

High School	Dates Attended From	To
Did you obtain a degree or diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	
College	Dates Attended From	To
Did you obtain a degree or diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	



Other	Dates Attended From To
Did you obtain a degree or diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:

DISCLAIMER AND SIGNATURE

By signing below, I certify that my answers are true and complete to the best of my knowledge. Additionally, I authorize the release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer to my prospective employer in accordance with 49 CFP Part 40. I understand the information to be released includes; 1. Alcohol test with a result of .04 or higher, 2. Verified positive drug tests, 3. Refusal to be test, 4. Other violations of DOT agency drug and alcohol testing regulations, 5. Information obtained from previous employers of a drug and alcohol rule violation, and 6. Documentation, if any, of completion of the return-to-duty process following a rule violation. Furthermore, I give my consent and authorization to my former employer to release my safety performance history over the previous 3 years to my prospective employer for the purpose of investigation as required under various parts of 49 CFR including Part 382 and Part 391. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release. A photocopy of this release shall be as valid as the original.

Printed Name

Signature	Date
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