

## COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED - PRINT LEGIBLY OR TYPE

Date (mm/dd/yy): \_\_\_\_\_  
 Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_ Home Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
 Date of Birth (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you have not been at your current address 3 years or more, please list all prior addresses for the previous 3 years:

- Street \_\_\_\_\_ From (mm/yy): \_\_\_\_\_  
 To (mm/yy): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Street \_\_\_\_\_ From (mm/yy): \_\_\_\_\_  
 To (mm/yy): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Street \_\_\_\_\_ From (mm/yy): \_\_\_\_\_  
 To (mm/yy): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Include a separate sheet for additional addresses

Driver's License Information: Please list all licenses held throughout the last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Experience:**

\_\_\_\_\_ From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_  
 Type of vehicle driven & Approximate mileage driven

\_\_\_\_\_ From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_  
 Type of vehicle driven & Approximate mileage driven

\_\_\_\_\_ From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_  
 Type of vehicle driven & Approximate mileage driven

**Accident Information: Please list all accidents throughout the last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
 Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
 Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violation Convictions, throughout the last 3 years: (If none, write NONE)**

|            |                 |             |                           | Yes / No  |
|------------|-----------------|-------------|---------------------------|-----------|
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |
| Date _____ | Violation _____ | State _____ | Commercial Vehicle: _____ | ___ / ___ |

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes  No State(\_\_\_\_\_) - If YES, please provide an explanation:

\_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE 10 year Employment History (383.35) - MUST account for gaps in employment - List most recent first: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations during this period?**  Yes  No

**Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?**

Yes  No

**Reason for Leaving** \_\_\_\_\_

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2) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ From(mm/yy): \_\_\_\_\_ To(mm/yy): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  
 Yes  No

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

--- Use backside of sheet for additional employers---

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to ask any errors in the information be corrected and errors will be corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

### Certification

**“I certify 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's Signature

\_\_\_\_\_  
Date Signed (mm/dd/yy)

**TO BE COMPLETED BY THE EMPLOYER:**

**Application received by:**

**Application reviewed for completeness by:**

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Date of Hire:** \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_