



Phone (603) 934-6745



PO Box 175, 563 S. Main St. 03235



Fax (603) 934-2999

## Driver's Application for Employment

Applicant Name: \_\_\_\_\_

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

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my 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 history as required by 49 CFR 391.23. I understand that 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 prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if 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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Position(s) Applied for:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Do you have legal right to work in the United States?** \_\_\_\_\_

**Can you provide proof of age?** \_\_\_\_\_

**List your addresses of residency for the past 3 years**

Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ How long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How Long? \_\_\_\_\_

**Have you worked for this company before?** \_\_\_\_\_ **Where?** \_\_\_\_\_  
**Dates:** From \_\_\_\_\_ To \_\_\_\_\_ **Rate of Pay** \_\_\_\_\_ **Position** \_\_\_\_\_  
**Reason for leaving?** \_\_\_\_\_

**Are you now employed?** \_\_\_\_\_ **If not, how long since leaving last employment?** \_\_\_\_\_  
**Who referred you?** \_\_\_\_\_ **Rate of Pay Expected?** \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_\_\_  
If yes, please explain fully. (Conviction of a crime is not an automatic bar to employment. All circumstances will be considered)  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason you might not be unable to perform the function for the job for which you have applied (as described in the job description?)  
\_\_\_\_\_

If yes explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) 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 in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards(attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

### Current/ Most Recent:

Employer Name: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Explain any gaps in employment (include month/ year & reason): \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

### Previous Employers:

Employer Name: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Explain any gaps in employment (include month/ year & reason) \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

Employer Name: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Explain any gaps in employment (include month/ year & reason) \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License #	Type/ Class	Endorsements	Expiration Date
<b>PREVIOUSLY HELD LICENSES</b>				

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\_\_\_

If YES to either please explain: \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

List states operated in for last five years: \_\_\_\_\_

Show any trucking, transportation or other experience that may help in your work for this company:

\_\_\_\_\_

List any courses and/ or training other than shown already on this application:

\_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 3 YEARS** - Attach different sheet if more space is needed

Check this box if none

Dates	Nature of Accident	# of Fatalities	# of Injuries	Chemical Spills (Y/N)

**PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_

**In Case of Emergency, who would we notify??**

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

**Education:**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College Degree \_\_\_\_\_

Last school attended \_\_\_\_\_

**To be read and signed by applicant**

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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_