

DRIVER EXPERIENCE AND QUALIFICATION

Drivers License within the last 3 years.

State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____
- C. Have you ever been convicted of DWI, DUI, careless or reckless driving, 15 MPH over the posted speed limit, leaving accident scene, or using commercial vehicle in commission of a felony? * (List all offenses)
- YES NO DATE _____ Explain _____
- D. Have you ever been disqualified for Violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____

If you answered "yes," to A, B, C, or D, please explain: _____

List states operated in during the last five years _____

WORK EXPERIENCE - Please include dates of unemployed time.

Showing the past three (3) years employment, and / or commercial driving experience for the past 10 years, list below past and present employers, beginning with your present or most recent, all time must be accounted for including unemployment!

Unemployed	From: _____	To: _____	To verify call: _____	Name _____	Phone #: _____
	From: _____	To: _____		(_____) _____ Area Code - Phone #	
Name of Company _____			Your Job Classification _____		
Address of Company _____			Reason for Leaving _____		
City _____		State _____	Zip _____		
Accidents YES OR NO		HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE			
Equipment Driven		<input type="checkbox"/> Dry Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Bulk/Tanker <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____		Miles Per Week _____	
Was your job designated as a safety-sensitive function in any DOT-Related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____					

Unemployed	From: _____	To: _____	To verify call: _____	Name _____	Phone #: _____
	From: _____	To: _____		(_____) _____ Area Code - Phone #	
Name of Company _____			Your Job Classification _____		
Address of Company _____			Reason for Leaving _____		
City _____		State _____	Zip _____		
Accidents YES OR NO		HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE			
Equipment Driven		<input type="checkbox"/> Dry Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Bulk/Tanker <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____		Miles Per Week _____	
Was your job designated as a safety-sensitive function in any DOT-Related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____					

Unemployed	From: _____	To: _____	To verify call: _____	Name _____	Phone #: _____
	From: _____	To: _____		(_____) _____ Area Code - Phone #	
Name of Company _____			Your Job Classification _____		
Address of Company _____			Reason for Leaving _____		
City _____		State _____	Zip _____		
Accidents YES OR NO		HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE			
Equipment Driven		<input type="checkbox"/> Dry Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Bulk/Tanker <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____		Miles Per Week _____	
Was your job designated as a safety-sensitive function in any DOT-Related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____					

Unemployed	From:	To:	To verify call: Name	Phone #:
From:		To:		() _____ Area Code - Phone #
Name of Company			Your Job Classification	
Address of Company			Reason for Leaving	
City	State	Zip		
Accidents YES OR NO	HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE			
Equipment Driven	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Bulk/Tanker	<input type="checkbox"/> Straight Truck
Other _____				Miles Per Week _____
Was your job designated as a safety-sensitive function in any DOT-Related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____				

Unemployed	From:	To:	To verify call: Name	Phone #:
From:		To:		() _____ Area Code - Phone #
Name of Company			Your Job Classification	
Address of Company			Reason for Leaving	
City	State	Zip		
Accidents YES OR NO	HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE			
Equipment Driven	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Bulk/Tanker	<input type="checkbox"/> Straight Truck
Other _____				Miles Per Week _____
Was your job designated as a safety-sensitive function in any DOT-Related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____				

Unemployed	From:	To:	To verify call: Name	Phone #:
From:		To:		() _____ Area Code - Phone #
Name of Company			Your Job Classification	
Address of Company			Reason for Leaving	
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Accidents YES OR NO	HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE			
Equipment Driven	<input type="checkbox"/> Dry Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Bulk/Tanker	<input type="checkbox"/> Straight Truck
Other _____				Miles Per Week _____
Was your job designated as a safety-sensitive function in any DOT-Related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____				

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

	YES	NO
1. Have you tested positive for a controlled substance in the last three years?	* <input type="checkbox"/>	<input type="checkbox"/>
2. Have you had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years?	* <input type="checkbox"/>	<input type="checkbox"/>
3. Have you refused a required test for drugs or alcohol in the last three years? (Including verified adulterated or substituted drug test results)	* <input type="checkbox"/>	<input type="checkbox"/>
4. Have you committed other violations of DOT Agency drug and alcohol testing?	* <input type="checkbox"/>	<input type="checkbox"/>
* If yes to any of the above questions please attach substance professional name, address, and phone # for further reference.		

* Disclosure of this information does not necessarily disqualify you from consideration.

ACCIDENTS

List and explain in detail giving dates and location of all accidents that you have been involved in during the past three years, in any type of vehicle, and regardless of whether you feel they were preventable or non-preventable. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO ACCIDENTS IN THE PAST 3 YEARS, WRITE "NONE."**

Date	Type Vehicle	Whose Fault	Fatalities Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

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Date	Type Vehicle	Whose Fault	Fatalities Yes or No	Injuries? Yes or No	\$ Amount of All Damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 3 years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO TRAFFIC VIOLATIONS IN THE PAST 3 YEARS, WRITE "NONE."**

Traffic Conviction(s): Describe	Date	City & State	Penalty	Circle One	
				POV	CMV
				POV	CMV
				POV	CMV

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, which includes whether same is of record or not and I release employers and other persons named herein from all liability for any damages on account of 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, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with this employer and for no other reason.

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, general reputation, personal characteristics, and mode of living.

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

I also understand the 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.

Regarding the Department of Transportation regulated employment during the preceding three years:

I understand that I have the right to review information provided by previous employers, to have errors in that information corrected by the previous employer and to have corrected information sent to the prospective employer. I also understand that I have the right to attach a rebuttal statement to any alleged erroneous information if there is a dispute on the accuracy of the information.

I understand that if I wish to review this information I must submit a written request as stated in Section 391.23(i)(l) of the FMCSR.

NOTICE TO APPLICANT FOR EMPLOYMENT IN MARYLAND: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO, OR TAKE A LIE DETECTOR TEST, AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00

I EXPRESSLY ACKNOWLEDGE AND UNDERSTAND THAT IN THE ABSENCE OF WRITTEN CONTRACT THE CONTRARY, MY STATUS, IF I AM HIRED, WILL BE THAT OF AN EMPLOYEE AT WILL, HAVING NO CONTRACTUAL RIGHT, EXPRESS OR IMPLIED, TO REMAIN IN THE COMPANY'S EMPLOY. IN THIS CONNECTION, I EXPRESSLY ACKNOWLEDGE FURTHER THAT NEITHER ANYTHING SAID TO ME DURING THE COMPANY'S APPLICATION AND/OR INTERVIEW PROCESS OR DURING EMPLOYMENT NOR ANY PROVISION IN THE COMPANY'S POLICIES OR EMPLOYEE MANUAL CONSTITUTES THE TERMS OF AN EXPRESS OR IMPLIED EMPLOYMENT AGREEMENT. In consideration of any employment offered, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the Company or myself. I understand that no unauthorized representative may enter into any agreement for employment or make any agreement contrary to the foregoing.

My signature gives express consent for the company to use my photo in company publications and/or employment advertising. I understand such use of my photo may include my name, date of hire, work location, etc. The company has my permission to use my photo without need of remuneration to me.

My signature acknowledges and authorizes all of the above and constitutes a release for motor vehicle reports, employment references, disclosure of drug and alcohol test results and a criminal background check.

My signature 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.

_____ Date

_____ Applicant Signature