

EMPLOYMENT HISTORY

Non-CDL driver applicants must provide 3 years employment history. CDL driver applicants must provide 10 years. We are required under §391.23 to investigate your safety performance history of all Federal Motor Carrier Safety Administration regulated employers that you work for in the preceding 3 years. We are required to investigate your participation in a U.S. DOT mandated drug and alcohol testing program whether you violated any prohibitions under §382 subpart B, and whether you failed to undertake or complete rehabilitation as required under §382.605 or subpart O §40 of all U.S. DOT regulated employers that you worked for in the preceding 3 years. You must give written consent to these investigations in order to be considered for employment as a driver. You have due process rights regarding the information received from these investigations under §391.23(i).

All information obtained from previous employers will be kept confidential.

LAST EMPLOYER:

NAME _____ PHONE (_____) _____
ADDRESS _____
STREET CITY STATE ZIP
SUPERVISOR'S NAME _____
FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR
DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

2ND LAST EMPLOYER:

NAME _____ PHONE (_____) _____
ADDRESS _____
STREET CITY STATE ZIP
SUPERVISOR'S NAME _____
FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR
DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

3RD LAST EMPLOYER:

NAME _____ PHONE (_____) _____
ADDRESS _____
STREET CITY STATE ZIP
SUPERVISOR'S NAME _____
FROM ____/____/____ TO ____/____/____ POSITION _____ REASON FOR LEAVING _____
MONTH/YEAR MONTH/YEAR
DID YOU PERFORM "SAFETY SENSITIVE FUNCTIONS" WHILE EMPLOYED? YES _____ NO _____ DID YOU OPERATE A CDL VEHICLE? YES _____ NO _____
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES _____ NO _____
WERE YOU REQUIRED TO PARTICIPATE IN A U.S. DOT MANDATED DRUG AND ALCOHOL TESTING PROGRAM? YES _____ NO _____

NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____
PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS _____

APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification.
I agree and understand that the carrier or its agents may investigate any and all information given on this form to determine its validity.
I understand that all employment history information from previous employers will be used by the carrier only as part of deciding whether to hire me.
I understand that under U.S. DOT regulation §391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.
I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification and employment files.
If hired, I agree to abide by all the rules and policies of this carrier.
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.

DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED ____/____/____
DATE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE OF HIRE

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION
(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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