



P.O. BOX 17665
AUSTIN, TEXAS 78760
512-894-4441

COMMERCIAL DRIVER APPLICATION

DATE OF APPLICATION: HIRE DATE:

NAME (FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH SOCIAL SEC. NO. (Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

(STREET) (CITY) (STATE & ZIP CODE) HOW LONG?

(STREET) (CITY) (STATE & ZIP CODE) HOW LONG?

(CITY) (STATE & ZIP CODE) HOW LONG? (STREET)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE CELL PHONE

EMERGENCY CONTACT NAME:

ADDRESS:

PHONE:

Have you worked for the 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 new pay expected

EXPERIENCE AND QUALIFICATIONS-----DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR—TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	VIOLATION	STATE	CMV	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

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 _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

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 _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

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 _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

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 _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

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 _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

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 _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

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 _____

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 have errors in the information 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

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date: _____

Name _____
First Middle Last

Address _____ Home Telephone _____

Cell Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

<p>Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</u></p>	YES	NO
<p>If YES-----Have you successfully completed the return to duty process?</p>	YES	NO
<p>If YES-----Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</p>	YES	NO

Applicant's Signature _____

Date Signed _____