

DOT APPLICATION

Motor Carrier: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and / or previous employers may be used, and those employers will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by current / previous employers;
- Have errors in the information corrected by pervious employers and from those previous employers to re-send 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."

Signature: _____ Date: _____

Date of Application: _____ Position(s) Applied For: _____

Name: _____
Last First M.I.

Social Security Number: _____ Date of Birth: _____

Phone: _____ E-mail: _____

ADDRESS HISTORY – PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Current Address: _____
Street City State Zip Number of Years

Previous Address: _____
Street City State Zip Number of Years

Previous Address: _____
Street City State Zip Number of Years

Previous Address: _____
Street City State Zip Number of Years

ACCIDENT HISTORY – PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

If no accidents in the last three (3) years – check here

DATE (MONTH / YEAR)	NATURE OF ACCIDENT (HEADON, REAR END, UPSET, ETC.)	# OF FATALITIES	# OF INJURIES	HAZMAT SPILL
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES – PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

If no traffic convictions and / or forfeitures in the last three (3) years – check here

DATE (MONTH / YEAR)	VIOLATION (OTHER THAN PARKING VIOLATIONS)	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR PONTS)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license" I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ 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

If 'yes', give details: _____

DRIVING EXPERIENCE

If no driving experience in the last three (3) years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (CIRCLE ALL THAT APPLY)	DATES		OR	APPROX. NO. OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor Two Trailers	Van, Reefer, Tank, Flat				
Tractor Three Trailers	Van, Reefer, Tank, Flat				
Motorcoach – School Bus (Greater than 8 passengers)	N/A				
Motorcoach – School Bus (Greater than 15 passengers)	N/A				
Other: _____	Van, Reefer, Tank, Flat, N/A				

EMPLOYMENT HISTORY

(USE ADDITIONAL EMPLOYMENT HISTORY INFORMATION FORM IF NECESSARY)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) years for a total of ten (10) year employment record. **You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		

** The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Applicant Certification: 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. _____

Applicant Signature

Date

DOT APPLICATION EMPLOYMENT HISTORY

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EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** 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		
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month / year) and reason: _____		
EMPLOYER:		
Name:	From: Mo. Yr.	To: Mo. Yr.
Street Address:	Position Held:	
City, State, Zip:	Salary / Wage: \$	
Phone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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