



Office: (913) 281-4040  
 Fax: (913) 281-9736  
 Toll-Free: (800) 281-9736

## DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

List Current Address, then previous addresses for last 3 years if applicable (continue on back if necessary)

Address: \_\_\_\_\_  
# and STREET CITY/STATE ZIP CODE FROM (YR) – TO (YR)

Address: \_\_\_\_\_  
# and STREET CITY/STATE ZIP CODE FROM (YR) – TO (YR)

Address: \_\_\_\_\_  
# and STREET CITY/STATE ZIP CODE FROM (YR) – TO (YR)

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

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

	STATE	LICENCE NO.	TYPE	EXPIRATION DATE
<b>DRIVER LICENCE</b>				
	LIST ANY ENDORSEMENTS			

CDL Physical Exam Expiration Date \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever worked for this company before? YES / NO If Yes, Dates: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of a CDL driver in a safety-sensitive position as governed by FMCSA?

Y [ ]      N [ ]

If yes, please explain: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Most Recent Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

## EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
NAME CITY

- A: Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES [ ] NO [ ]
- B: Has any license, endorsement, or permit ever been suspended or revoked? YES [ ] NO [ ]
- C: Have you failed or refused a DOT required drug or alcohol test? YES [ ] NO [ ]
- D: Have you ever been convicted of a criminal offense? YES [ ] NO [ ]

If the answer to any above is YES, please explain: \_\_\_\_\_

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/TRAILER - LOCAL				
TRACTOR/TRAILER - OTR				
TRACTOR w/ DOUBLES or TRIPLES				
FLATBED				
OTHER				

LIST CITIES/STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

LIST ANY SPECIAL COURSES OR TRAINING: \_\_\_\_\_

LIST ANY SAFE DRIVING AWARDS IF APPLICABLE: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EMPLOYMENT HISTORY

Please provide the following information on all employers during the last 5 years. Add another sheet if necessary.

EMPLOYER	DATE
Name:	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address:	Position Held:
City/State:                      Zip Code:	Salary/Wage:
Contact Person:                      Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements?    YES /    NO	
EMPLOYER	DATE
Name:	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address:	Position Held:
City/State:                      Zip Code:	Salary/Wage:
Contact Person:                      Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements?    YES /    NO	
EMPLOYER	DATE
Name:	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address:	Position Held:
City/State:                      Zip Code:	Salary/Wage:
Contact Person:                      Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements?    YES /    NO	
EMPLOYER	DATE
Name:	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address:	Position Held:
City/State:                      Zip Code:	Salary/Wage:
Contact Person:                      Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements?    YES /    NO	
EMPLOYER	DATE
Name:	<b>From:</b> Mo.      Yr. <b>To:</b> Mo.      Yr.
Address:	Position Held:
City/State:                      Zip Code:	Salary/Wage:
Contact Person:                      Tel #:	Reason for Leaving:
Was your job designated as a DOT safety-sensitive function, subject to drug/alcohol testing requirements?    YES /    NO	

**MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?      Y [ ]      N [ ]      IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.**

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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## REFERENCES

Please list at least one personal and one work-related reference who can comment on your safety habits.

Reference #1 (work related)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person, and how do you know him/her? \_\_\_\_\_

Reference #2 (personal or work related)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person, and how do you know him/her? \_\_\_\_\_

**Is there any other information you would like to share as part of your employment application? If so, write it here:** \_\_\_\_\_

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### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision, including MVR, reference checks, prior employment checks. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, 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 further understand that I am required to abide by all rules and regulations of the company, the FMCSA, and the DOT.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**