



Drivers first day of driving (hire date) (for company use only) \_\_\_\_\_

**DRIVERS APPLICATION FOR EMPLOYMENT**

NAME

\_\_\_\_\_  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

**APPLICANT INFORMATION**

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT**

\_\_\_\_\_  
 (NAME) (ADDRESS) (PHONE NUMBER)

**DRIVING EXPERIENCE**

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

**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.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

**REQUIRED QUESTIONS**

- 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 any criminal act involving the use of a CMV or while driving a CMV? YES \_\_\_\_\_ NO \_\_\_\_\_
- D. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_
- E. Have you ever refused to be tested for drugs or alcohol for DOT-mandated test? YES \_\_\_\_\_ NO \_\_\_\_\_
- F. Have you ever tested positive for drugs or alcohol on a DOT-mandated test? YES \_\_\_\_\_ NO \_\_\_\_\_
- G. Have you ever tested positive for drugs or alcohol for any DOT-mandated pre-employment test for a job you applied for but did not obtain? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to any of the above questions, please provide explanation (Safety Manager is encouraged to create a separate document for each incident explaining the nature of the incident to ensure Driver Qualification):

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**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**EMPLOYMENT RECORD**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

**LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.**

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECOND LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.**

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**THIRD LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.**

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**FOURTH LAST EMPLOYER:** NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM (M/Y) \_\_\_\_\_ TO (M/Y) \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

**ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.**

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to 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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for 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."

I have been informed that my previous DOT Regulated employment history in the previous 3 years can be reviewed by me submitting a written request to the prospective employer, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that within 5 business days after receiving my request or within 5 business days of receiving the information, they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records from previous employers within thirty (30) days of making them available, this company may consider I have waived the request to review the records.

All information is to be used in the decision making for employment with this company.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**Section 1:**

I, \_\_\_\_\_  
\_\_\_\_\_  
(FIRST) (LAST) LAST 4 DIGITS OF SSN DATE OF BIRTH

**HEREBY AUTHORIZE MY PREVIOUS EMPLOYER**

\_\_\_\_\_  
COMPANY NAME PHONE NUMBER  
\_\_\_\_\_  
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) FAX NUMBER

To release and forward the information requested by section 2 of this document concerning my dates and nature of employment as well as any DOT-recordable accident history within the previous three years of my employment dates. (M/Y OF EMPLOYMENT DATES)

FROM \_\_\_\_\_ TO \_\_\_\_\_

**TO MY PROSPECTIVE EMPLOYER**

CATOM TRUCKING \_\_\_\_\_  
COMPANY NAME PHONE NUMBER  
PO BOX 397, MAPLE PARK, IL 60151 \_\_\_\_\_  
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) FAX NUMBER

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

**Section 2:**

The applicant named above was employed by us: Yes No Employment Dates \_\_\_\_\_

Did he/she drive a motor vehicle for you? Yes No Type of Vehicle \_\_\_\_\_

Reason for leaving your employ? Discharged Resignation Layoff Military Duty Other \_\_\_\_\_

If there is no Safety Performance History to report, check here  and sign below.

Complete the following for any accidents included on your accident register

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Location Number of injuries Number of fatalities Hazmat Spill

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Location Number of injuries Number of fatalities Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Location Number of injuries Number of fatalities Hazmat Spill

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED**

Section 3:

If the applicant was NOT subject to DOT testing requirements while employed by you, please check here  , fill in the dates of employment, complete the bottom of Section 3, sign and return. Employment Dates \_\_\_\_\_

Has this person had an alcohol test with a result of 0.04 or higher? Yes No

Has this person tested positive, adulterated or substituted a test specimen for controlled substances? Yes No

Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test? Yes No

Has this person committed other violations of Subpart B of Part 382 or Part 40? Yes No

If this person has violated a DOT Drug and Alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form. Yes No N/A

For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? Yes No N/A

In answering these questions, include any required DOT Drug or Alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

\_\_\_\_\_  
PREVIOUS EMPLOYER PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Section 3:**

This form was: Faxed Mailed Emailed Other \_\_\_\_\_ On (Date) \_\_\_\_\_

This form was: Faxed Mailed Emailed Other \_\_\_\_\_ On (Date) \_\_\_\_\_

This form was: Faxed Mailed Emailed Other \_\_\_\_\_ On (Date) \_\_\_\_\_

Received via: Fax Mail Email Other \_\_\_\_\_ On (Date) \_\_\_\_\_

**DRIVER'S ROAD TEST EXAMINATION**

NAME

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
(MIDDLE)

\_\_\_\_\_  
(LAST)

ADDRESS

\_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE & ZIP CODE)

Rating of Performance

- \_\_\_\_\_ The pre-trip inspection (as required by Sec. 392.27)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units
- \_\_\_\_\_ Placing the equipment in operation
- \_\_\_\_\_ Use of vehicles controls and emergency equipment
- \_\_\_\_\_ Operating the vehicle in traffic and while passing the other vehicles
- \_\_\_\_\_ Turning the vehicle
- \_\_\_\_\_ Braking and slowing the vehicle by means other than braking
- \_\_\_\_\_ Backing and parking the vehicle

Other, please explain

\_\_\_\_\_

Type of equipment used in giving test \_\_\_\_\_

\_\_\_\_\_  
EXAMINERS SIGNATURE

\_\_\_\_\_  
DATE

**CERTIFICATION OF ROAD TEST**

NAME

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
(MIDDLE)

\_\_\_\_\_  
(LAST)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
TYPE OF POWER UNIT

\_\_\_\_\_  
TYPE OF TRAILER (OR PASSENGER BUS)

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_ (date) consisting of approximately \_\_\_\_\_ miles of driving. It is my considered opinion that this driver possessed sufficient driving to operate safely in the type of vehicle listed above.

\_\_\_\_\_  
EXAMINERS SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ORGANIZATION ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DRIVER'S INITIAL HOURS OF SERVICE DOCUMENT (7 DAY SHEET)**

This form is to be filled out on the first day the driver drives. The purpose of this form is to be sure that the driver will not violate an Hours of Service regulation on the day and time they start. The form must reflect all work done for direct or indirect compensation within the previous 7 days of the first day of driving.

NAME

\_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

DATE

TOTAL TIME ON DUTY

TIME RELIEVED FROM DUTY

_____ (7 days ago)	_____	<u>N/A</u> _____
_____ (6 days ago)	_____	<u>N/A</u> _____
_____ (5 days ago)	_____	<u>N/A</u> _____
_____ (4 days ago)	_____	<u>N/A</u> _____
_____ (3 days ago)	_____	<u>N/A</u> _____
_____ (2 days ago)	_____	<u>N/A</u> _____
_____ (yesterday)	_____	_____

I hereby certify that the information contained hereon is true and complete to the best of my knowledge.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE