

# COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED - PRINT OR TYPE

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? Yes No

**PREVIOUS ADDRESSES** (if address above less than three years)

1) Street \_\_\_\_\_ DATES: FROM: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ TO: \_\_\_\_\_

1) Street \_\_\_\_\_ DATES: FROM: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ TO: \_\_\_\_\_

1) Street \_\_\_\_\_ DATES: FROM: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ TO: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to our company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by: \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:** All licenses held, last three years:

State _____	Number _____	Expiration Date _____
State _____	Number _____	Expiration Date _____
State _____	Number _____	Expiration Date _____

**DRIVING EXPERIENCE:** Type of vehicle \_\_\_\_\_ DATES \_\_\_\_\_ Number of Miles \_\_\_\_\_

_____	to _____	_____
_____	to _____	_____
_____	to _____	_____

**DRIVING RECORD:** All accidents, last three years (If none, write NONE)

Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____

**List all traffic violations/convictions, last three years (If none, write NONE):**

Date _____	Violation _____	State _____	Commercial Vehicle: Yes/No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes/No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes/No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes/No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes/No

Have you ever had any driver license denied, revoked or suspended? Yes No

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

**EDUCATION**

SCHOOL	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** (last 10 years (383.35) - account for gaps between employers):

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

If owner/operator, list carriers leased to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

If owner/operator, list carriers leased to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

If owner/operator, list carriers leased to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

If owner/operator, list carriers leased to: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Please use backside of sheet for additional employers

**GENERAL**

Subjects of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities: (Civic, Athletic, etc.) \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Member in National Guard or Reserves? Yes/No

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS ACQUAINTED

For driver applicants of vehicles that require a Commercial Driver's License:  
49 CFR 40.25(j) Question Sheet must be completed.

**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's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER:**

Application received by: \_\_\_\_\_

Applicant interviewed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNIFICANT DATES:**

Date of Hire: \_\_\_\_\_

Time & Date of Pre-Employment CST: \_\_\_\_\_

Time & Date of Pre-Emp CST Results Received: \_\_\_\_\_

Date First Used in Safety Sensitive Position: \_\_\_\_\_

Date of Employment Termination: \_\_\_\_\_

**NOTES:**

