

2860 S Circle Dr, Suite G65, Springs, CO 80906 | Ph: (719) 644-6005 | Fax: (719) 888-2929

## Driver's Application for Employment

## **DRIVER APPLICANT ONLY**

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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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					
		Applio	cant information:		
Name:				<b>Phone</b> : (	)
(First)		(Middle)	(Last)		
Address:					
(Street)		(City)	(State)	(Zip)	(How Long?)
Date of Birth:					
		e above address for le	ess than three years) (State)	(Zip)	(How Long?)
Address:					
(Street)		(City)	(State)	(Zip)	(How Long?
		(Attach addit	ional sheet if necess	sary)	
		Experience ar	nd Qualifications-Dr	river	
ъ.	State	License No.	Type and end	dorsements	Expiration Date
Driver Licenses					



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## **Driving Experience**

Class of equipment:	Type of equipment (Van, Tank, Flatbed, etc.)	Dates (From)	(To)	Approximate # of Miles (total)
Straight truck				
Tractor and semitrailer				
Tractor-Two trailers				
Other				

Accident record for past three years (attach additional sheet if necessary)

Dates	Nature of accident	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Traffic convictions (other than parking violations) and forfeitures for the past three years (Attach additional sheet if more space is needed)

Charge

Penalty

A.	Have you ever been de	nied a license, permi	it or privilege to operate	a motor vehicle? Ye	es No	
B.	Has any license, permit or privilege ever been suspended, revoked or denied? If the answer to either A or B is yes, explain: (attach additional sheet if necessary)				Yes	_ No

Employment Record (attach additional sheet(s) if more space is needed)

You are required to give all employment information for at least three years.

Last employer:	Name						
	Address						
	Position held	Supervisor	Dates:	(from)	(to)		
	Salary	Reasons for leaving		` /			
	Was this employer subject to	Federal (or PUC) Motor Carrie	r Safety Regulation	ns? Yes	No		

Location



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Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes\_\_\_No\_\_\_ Employer: Name Address Position held\_\_\_\_\_\_ Dates: \_\_\_\_ (from) Salary\_\_\_\_\_ Reasons for leaving\_\_\_\_\_ Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes\_\_\_\_No\_\_\_ Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes\_\_\_No\_\_\_ Employer: Position held\_\_\_\_\_\_ Supervisor\_\_\_\_\_ Dates: \_\_\_\_\_ (from) Salary\_\_\_\_\_ Reasons for leaving\_\_\_\_\_ Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes No Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes No Employer: Name Position held\_\_\_\_\_\_ Dates: \_\_\_\_ (from) (to) Salary\_\_\_\_\_ Reasons for leaving\_\_\_\_ Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes No Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes No Employer: Address Position held\_\_\_\_\_\_ Supervisor\_\_\_\_\_ Dates: \_\_\_ (to) Salary\_\_\_\_\_ Reasons for leaving\_\_\_\_\_



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	Was this employer subj	ect to Federal (or PUC) Motor Carrier	r Safety Regulations?	Yes	No	
	Were you subject to cor Parts 40/382 while emp	ntrolled substance & alcohol testing u loyed here?	nder 49 CFR	Yes_	No	
Employer:	Name					
	Address					
	Position held	Supervisor				
	Salary	Reasons for leaving	`	rom)	(to)	
	Was this employer subj	ect to Federal (or PUC) Motor Carrier	r Safety Regulations?	Yes	No	
Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here?				Yes_	No	
		To be read and signed by appli	cant:			
	s that this application was co ny knowledge.	ompleted by me, and that all entries or	n it and information in	it are true	and complete	e to
(Date)		(Applicant's signature)				
Note: A mot	tor carrier may require an ap	pplicant to provide information in add	ition to the information	n required	by the Federa	ıl
Motor Carrie	er Safety Regulations.					