

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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B. Has any license, permit or privilege ever been revoked?
 Yes No

If yes , Explain in Detail:

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.
 Do you consent to such Testing? Yes No

Driver Pre-Employment Verification of Testing Results

In the past 2 years have you:	Yes	No
Tested positive for any Controlled Substances pre-employment test for any other company?		
Tested above .04 on any Alcohol pre-employment test for any other company?		
Refused to be tested for any pre-employment test for any other company?		

If you answer "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted.

Name of SAP: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date(s) Visited: _____

SIGNED: _____ **DATE:** _____

EMPLOYMENT RECORD 391.21(b10) 391.23(d) (e)
All jobs for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____
 Position held: _____ From: _____ To _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____
 Reason For Leaving: _____
 Were you subject to the FMCSRs while employed by that previous employer? Yes No

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 Position held: _____ From: _____ To _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____
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 Telephone #: _____
 Reason For Leaving: _____
 Were you subject to the FMCSRs while employed by that previous employer? Yes No

391.23(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit 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. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
 Visit www.fmcsa.dot.gov to review the regulations.

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

 Applicant's Signature

 DATE