

# CMV DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

Date of Hire (print) \_\_\_\_\_ Date of Application \_\_\_\_\_

Prospective Employer \_\_\_\_\_

Address \_\_\_\_\_

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

## PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391.

If unsure of question or require help with completing form please ask carrier representative.

**PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED.**

**FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Document Presented to Verify Age \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous  
Addresses  
(If less  
than 3  
years)

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? YES  NO

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Are you applying for ADA consideration?

If yes, explain if you wish.

This form is made available with the understanding that NATC, Inc. is not engaged in rendering legal, accounting, or other professional services. NATC, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

# APPLICANT MUST COMPLETE

(answer all questions - please print)

## EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an additional 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

CURRENT EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

### TRAFFIC CONVICTIONS

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) (IF NONE, WRITE, NONE)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle?      YES \_\_\_\_\_ NO \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS \_\_\_\_\_

### DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (MN) TO (MN)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT DUMP REFER)		
TRACTOR TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT DUMP REFER)		
MOTORCOACH SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 Passengers</small>	_____		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 Passengers</small>	_____		
OTHER _____			

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

### Drug & Alcohol information

In the previous three (3) years have you:

1. Violated the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40?      YES  NO

2. Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES  NO  NA

Check all that apply:

I had an alcohol test result of 0.04 or higher?      YES  NO  NA

I had a Verified Positive Drug Test?      YES  NO  NA

I refused to test (including verified adulterated or substituted drug test result)?      YES  NO  NA

### TO BE READ AND SIGNED BY APPLICANT

**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**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCIDENT REGISTER**

<b>Index Number</b>	<b>Date</b>	<b>Location City/State</b>	<b>Driver Name</b>	<b>Number Injuries</b>	<b>Number Fatals</b>	<b>Vehicles Towed</b>	<b>HM Incident</b>

**NOTE: This form is provided as a suggested format for recording accidents. A motor carrier may use any register format for documenting recordable accidents, per Part 390.**