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# Driver's Application for Employment

(Must be combined with General Employment Application)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent and attach sheet if more space is needed).

**1.) EMPLOYERNAME & ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ HOURLY RATE/SALARY: \_\_\_\_\_

LENGTHOF SERVICE: \_\_\_\_\_ to \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASONFOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  YES  NO IF NOT,EXPLAIN: \_\_\_\_\_

WERE YOU SUBJECT TO: *FMCSR 's?*  YES  NO *DOT SUBSTANCE TESTING?*  YES  NO

**2.) EMPLOYERNAME & ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ HOURLY RATE/SALARY: \_\_\_\_\_

LENGTHOF SERVICE: \_\_\_\_\_ to \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASONFOR LEAVING: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  YES  NO IF NOT,EXPLAIN: \_\_\_\_\_

WERE YOU SUBJECT TO: *FMCSR 's?*  YES  NO *DOT SUBSTANCE TESTING?*  YES  NO

**ACCIDENT RECORD:**

List your accident record for the past 3 years or more. (Attach sheet if more space is needed).

LAST ACCIDENT: \_\_\_\_\_

NATURE OF ACCIDENT: (HEAD-ON, REAR-END, UPSET, ETC.) \_\_\_\_\_

FATALITIES: \_\_\_\_\_ INJURIES: \_\_\_\_\_

**ACCIDENT RECORD CONTINUED:**

NEXT PREVIOUS: \_\_\_\_\_

NATURE OF ACCIDENT: (HEAD-ON, REAR-END, UPSET, ETC.) \_\_\_\_\_

FATALITIES: \_\_\_\_\_ INJURIES: \_\_\_\_\_

**TRAFFIC CONVICTIONS & FORFEITURES:** List your traffic convictions and forfeitures for the past 3 years (other than parking violations). If forfeiture, denial, revocation or suspension, please indicate the details on a separate page. Attach sheet if more space is needed.

1.) LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ PENALTY: \_\_\_\_\_

2.) LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ PENALTY: \_\_\_\_\_

**DRIVER LICENSES:**

1.) STATE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

2.) STATE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**DRIVING EXPERIENCE:**

**STRAIGHT TRUCK:**

TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.): \_\_\_\_\_

DATES: \_\_\_\_\_ to \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_

**TRACTOR AND SEMI-TRAILER:**

TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.): \_\_\_\_\_

DATES: \_\_\_\_\_ to \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_

**TRACTOR - TWO TRAILERS:**

TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.): \_\_\_\_\_

DATES: \_\_\_\_\_ to \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_

**OTHER:**

TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.): \_\_\_\_\_

DATES: \_\_\_\_\_ to \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_

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

SHOW SPECIAL COURSE OR TRAINING THAT WILL HELP YOU AS A DRIVER:

\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM:

\_\_\_\_\_

**Sign here to verify that you have read and understand the employment acknowledgement that is in your general application for employment.**

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