

# CDL DRIVER

## Application for Employment



Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\* Current Address \_\_\_\_\_  
Street City State Zip Code

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name Address

### GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

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.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

### Driver Experience & Qualification

Answer the questions in this section only if applying for driver position

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver Experience & Qualification** (cont'd) Answer the questions in this section only if applying for driver position

**Licenses**

Drivers Licenses held in past 3 years must be shown	State	License Number	Class	Endorsement (s)	Expiration Date

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 suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If you answered "yes" to A, B, C attach a statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers – LCV's				
Other				

List states operated in during last five years \_\_\_\_\_  
 \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

**Accident Review for past 3 years** (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head – On, Rear – End, Overturn, Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**Driver Experience & Qualification** (cont'd) Answer the questions in this section only if applying for driver position

**EMPLOYMENT RECORD**

**The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this year period.**

Start with the **last or current position**, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Where you subject to the FMCSRs\* while employed?  YES  NO

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?  YES  NO

Previous Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Where you subject to the FMCSRs\* while employed?  YES  NO

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?  YES  NO

Previous Employer: \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Where you subject to the FMCSRs\* while employed?  YES  NO

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?  YES  NO

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

### Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

### Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Spray Paint Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

## CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work \_\_\_\_\_

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (Indicate Type)		
Filing					
Computers (indicate software)			Tabulator		
Word processing equipment			Accounting		
Fax Machine			Internet		
Calculator			Claims		
Adding Machine			Cashier		
Photocopier			Dispatcher		

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Spec Building Materials.

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:

- o Review information provided by previous employers;
- o Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- o 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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE  
PROCESS RECORD**

Applicant Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Date Employed \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year)  
 Department \_\_\_\_\_ Point Employed \_\_\_\_\_  
 Classification \_\_\_\_\_  
 (If not hired, summary report of reasons should be placed in file)  
 IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Avg.	Poor	Written Record on File
1. Application	_____	_____	_____	_____	_____	_____
2. Interview	_____	_____	_____	_____	_____	_____
3. Physical Exam*	_____	_____	_____	_____	_____	_____
4. Past Employment	_____	_____	_____	_____	_____	_____
5. Written Exam	_____	_____	_____	_____	_____	_____
6. Road Test	_____	_____	_____	_____	_____	_____
7. Policy and Traffic Record	_____	_____	_____	_____	_____	_____

\*driver applicants only

Signature of Interview Officer \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
 Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_  
 Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_