



# Application for Driver/DOT Employment

DQF

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (First, Middle, & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Rate of Expected Pay: \_\_\_\_\_

Current Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip

**If your address above is less than 3 years, continue listing them below to cover the previous 2 years.**

Previous Addresses: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

Do you have the legal right to work in the United States?  Yes  No Have you worked at CRS before?  Yes  No  
Reason for leaving: \_\_\_\_\_

Are you employed now?  Yes  No If no, how long since leaving employment? \_\_\_\_\_

Referral Source:  CRS Employee Name: \_\_\_\_\_  
 Job Posting Source: \_\_\_\_\_  
 Other (i.e., walk-in) \_\_\_\_\_

Is there any reason you may be unable to perform the functions of the job for which you have applied?  Yes  No  
If yes, explain: \_\_\_\_\_

## Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_

## Construction Related Experience

Do you have experience operating heavy equipment?  Yes  No If yes, explain: \_\_\_\_\_

Do you have vertical and overhead welding experience?  Yes  No If yes, how many years? \_\_\_\_\_



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## Employment History

All driver applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce must provide the following information on all employers during the preceding 10 years. Include any gaps in employment and reason for the gap. (NOTE: List employers in order starting with the most recent. Add another sheet if necessary.)

Employer: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Where you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements by 49 CFR Part 40?  Yes  No  
 Any gaps in employment and unemployment must be explained. Include dates (month/year) and reason on separate sheet.

Employer: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Where you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements by 49 CFR Part 40?  Yes  No  
 Any gaps in employment and unemployment must be explained. Include dates (month/year) and reason on separate sheet.

Employer: _____	From: _____ To: _____
Address: _____	Position Held: _____
City: _____ State: _____ Zip: _____	Salary/Wage: _____
Contact Person: _____ Phone: _____	Reason for Leaving: _____

Where you subject to Federal Motor Carrier Safety Regulations while employed by the previous employer?  Yes  No  
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements by 49 CFR Part 40?  Yes  No  
 Any gaps in employment and unemployment must be explained. Include dates (month/year) and reason on separate sheet.



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## Experience and Qualifications

**Driver's License:** List all license held for the last 3 years. Current Class of License: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

If yes, please give details: \_\_\_\_\_

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

If yes, please give details: \_\_\_\_\_

**Accidents:** List for the past 3 years, attach a sheet if more space is needed. (If none, write "NONE".)

Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_  
(Head-on, Rear-end, Upset, etc.)

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Date: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_  
(Head-on, Rear-end, Upset, etc.)

**Traffic Violations/Convictions:** List for the past 3 years, other than parking violations. (If none, write "NONE".)

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: **Yes or No**

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: **Yes or No**

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: **Yes or No**

**Driving Experience:** If none, write "NONE".

Straight Truck Type of Equipment: \_\_\_\_\_ Dates: \_\_\_\_\_ Approx # of miles: \_\_\_\_\_  
(Van, Tank, Flat, etc.)

Tractor & Trailer Type of Equipment: \_\_\_\_\_ Dates: \_\_\_\_\_ Approx # of miles: \_\_\_\_\_  
(Van, Tank, Flat, etc.)

Tractor & 2 Trailers Type of Equipment: \_\_\_\_\_ Dates: \_\_\_\_\_ Approx # of miles: \_\_\_\_\_  
(Van, Tank, Flat, etc.)

School Bus Type of Equipment: \_\_\_\_\_ Dates: \_\_\_\_\_ Approx # of miles: \_\_\_\_\_  
(Van, Tank, Flat, etc.)

Other Type of Equipment: \_\_\_\_\_ Dates: \_\_\_\_\_ Approx # of miles: \_\_\_\_\_  
(Van, Tank, Flat, etc.)

List states operated in for at least 5 years: \_\_\_\_\_

List any special courses or training: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

List any trucking, transportation, or other experience that may help you in your work at CRS: \_\_\_\_\_

List any special equipment or technical materials you can work with (other than shown in this application): \_\_\_\_\_



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## TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge. I hereby authorize the required information for the prospective employer to be obtained for the purpose of investigation as required by the Federal Motor Carrier Safety Regulations.

It is agreed and understood that the employer or his agents may investigate my background, including criminal records, to ascertain any and all information of concern to my employment history, whether some of it is record or not, and I release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

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 the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers 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 current/previous employers.
- 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
- 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.

Name (First, Middle, & Last): \_\_\_\_\_

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