

	Document Number	Revision Number	Last Review Date
	DOT-F013.01	1	July 19, 2020

D.O.T. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

I ACKNOWLEDGE THAT I AM AT LEAST 21 YEARS OLD, CAN READ AND SPEAK THE ENGLISH LANGUAGE SUFFICIENTLY TO CONVERSE WITH THE GENERAL PUBLIC TO UNDERSTAND HIGHWAY TRAFFIC SIGNS AND SIGNALS IN THE ENGLISH LANGUAGE, TO RESPOND TO OFFICIAL INQUIRIES, AND TO MAKE ENTRIES ON REPORTS AND RECORDS. (49 CFR 91.11(b)(1)(2))

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____ SUFFIX: _____
 PHYSICAL ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS? _____
 MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____
 CITY: _____ STATE: _____ ZIP: _____
 PRIOR ADDRESS FOR PAST 3 YEARS:
 (LIST ADDITIONAL ADDRESSES ON SEPARATE SHEET IF NECESSARY) _____

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
 POSTION APPLIED FOR: _____ DATE OF APPLICATION: _____
 PRIMARY PHONE #: _____ SECONDARY PHONE # _____

EXPERIENCE AND QUALIFICATIONS: DRIVER

Driver Licenses List any licenses held in the last three (3) years.	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Roll-Over, etc.)	FATALITIES	INJURIES
Most Recent:			
Next Previous:			
Next Previous:			
Next Previous:			

IF NONE, WRITE "NONE" or "N/A"

VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)

LOCATION	DATE	CONVICTIONS: Forfeited, Bond, or Collateral	PENALTY	TYPE OF VEHICLE

IF NONE, WRITE "NONE" or "N/A"

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE

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		DOT-F013.01	1	July 19, 2020

D.O.T. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

- a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? YES NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

- b. Have you ever been convicted or been on probation for DWI or DUI? YES NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicants pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: _____

Can you provide a copy? YES NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e., foot, leg, hand or arm)? YES NO

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last three (3) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? YES NO
2. Within the last three (3) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? YES NO

If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? YES NO

As of January 6, 2020, _____ prospective employer is required to run a full query with the FMCSA Drug and Alcohol Clearinghouse for all CDL or CLP holders as per FMCSR § 391.23.

1. I have already registered with the Clearinghouse, OR YES NO
2. I will register with the Clearinghouse within 24 hours of the submission of this application. YES NO N/A

	DOT Programs	Document Number	Revision Number	Last Review Date
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EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT OF MORE THAN 30 DAYS AND/OR UNEMPLOYMENT MUST BE EXPLAINED

(Show dates of employment as Month/Year)

Current Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____ <small>(MONTH/YEAR) (MONTH/YEAR)</small>
Reason for leaving: _____	
May we contact employer prior to hire?	<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(van, tanker, flat, etc.)</small>	MANUAL	AUTO- MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES <small>(TOTAL)</small>
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

If gap between employers, Unemployed Attending school Self-employed Other: _____
indicate reason:

	DOT Programs	Document Number	Revision Number	Last Review Date
		DOT-F013.01	1	July 19, 2020

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An Equal Opportunity Employer

Previous Employer Name: _____

Phone: _____ Fax: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____
(MONTH/YEAR) (MONTH/YEAR)

Reason for leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO- MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
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If gap between employers, Unemployed Attending school Self-employed Other: _____
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Previous Employer Name: _____

Phone: _____ Fax: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____
(MONTH/YEAR) (MONTH/YEAR)

Reason for leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

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		DOT-F013.01	1	July 19, 2020

D.O.T. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Previous Employer Name: _____						
Phone: _____			Fax: _____			
Address: _____						
Position Held: _____		From: _____		To: _____		Salary: _____
		<small>(MONTH/YEAR)</small>		<small>(MONTH/YEAR)</small>		
Reason for leaving: _____						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES <input type="checkbox"/> NO
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Other		<input type="checkbox"/>	<input type="checkbox"/>			
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Previous Employer Name: _____						
Phone: _____			Fax: _____			
Address: _____						
Position Held: _____		From: _____		To: _____		Salary: _____
		<small>(MONTH/YEAR)</small>		<small>(MONTH/YEAR)</small>		
Reason for leaving: _____						
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Previous Employer Name: _____

Phone: _____ Fax: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____
(MONTH/YEAR) (MONTH/YEAR)

Reason for leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

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CDL ENDORSEMENTS AND RESTRICTIONS

ENDORSEMENTS	RESTRICTIONS/ WAIVERS (LIST ALL)
<input checked="" type="checkbox"/> TANKER & HAZMAT	_____
<input type="checkbox"/> HAZMAT	_____
<input type="checkbox"/> TANKER	_____
<input type="checkbox"/> PASSENGER	_____
<input type="checkbox"/> DOUBLE/TRIPLE TRAILER	_____
<input type="checkbox"/> OTHER(LIST): _____	_____

The Company may use the information contained in this application and may contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to The Company by your previous employer(s):

- You have the right to review the information provided by your previous employer(s);
- You have the right to have errors in the information corrected by your previous employer(s) and for the previous employer(s) to re-send the corrected information to The Company; and

You have the right to have a rebuttal statement attached to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information.

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: _____

Name (Please Print): _____