



DRIVER APPLICATION – COMPANY DRIVER



(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application: ____ / ____ / ____

Position(s) Applied for: Full Time ____ Part Time ____ OTR ____ Regional ____ Local A ____ Local B ____

Name _____
Last First Middle

Social Security ____ - ____ - ____

Date of Birth ____ / ____ / ____

List your addresses of residency for the past 3 years.

Current Address _____
Street City State Zip Code How Long

Home Phone# _____ Cell Phone # _____

Email Address: _____

Previous Address _____
Street City State Zip Code How Long

Street City State Zip Code How Long

Street City State Zip Code How Long

Have you worked for this company before? _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Position _____ Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish. _____

Who referred you? _____ How did you hear about us? _____



MILITARY SERVICE RECORD

Have you ever served in the U.S. armed forces? _____ Branch _____

Dates of Service _____ to _____ Highest rank achieved _____ Rank at Discharge _____

List any skills learned during military service that would help you qualify for the position you are applying for:

EDUCATION AND TRAINING

Circle Highest

Year **completed:** Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Do you have: _____ High School Diploma _____ G.E.D (Graduate Equivalency Diploma) _____ Neither

List any training program **presently attending** or **completed** (truck driving schools, service schools, etc.)

 School Name City State Phone

 School Name City State Phone

Did you graduate? Yes ___ No ___

MOTOR VEHICLE RECORD QUALIFICATIONS

List **all** drivers' licenses held in the past 5 years (include multiple licenses if you have them):

State	License Number	CDL Class	Endorsements	Exp. Date
				/ /
				/ /
				/ /

ACCIDENT RECORD (if none, write none)

List **all** accident involvements with any motor vehicles for the past 5 years (even if not at fault):

Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Were You At Fault?	Were you ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Damage
/ /							
/ /							
/ /							

TRAFFIC CONVICTIONS (if none, write none)

List **all** traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations):

Date	Location (State)	Violation (if speeding, show rate of speed)	Penalty/Amt. of fine
/ /			
/ /			
/ /			



	Yes	No
Have you ever been convicted of a felony?	_____	_____
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____
Has any license, permit or privilege ever been suspended or revoked?	_____	_____
Have you ever been refused any type of insurance or been denied bonding?	_____	_____
If you answered yes to any of the above, please explain:		
Have you ever tested positive or refused to take a pre-employment drug or alcohol test		
Administered by an employer to which you applied for a safety-sensitive position?	_____	_____

REFERENCES

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors.

Do not use relatives or former employers.			
Name	City	State	How long have you known him/her
_____	_____	_____	_____
Telephone	Place of employment	Occupation	
_____	_____	_____	
Name	City	State	How long have you known him/her
_____	_____	_____	_____
Telephone	Place of employment	Occupation	
_____	_____	_____	

TO BE READ AND SIGNED BY APPLICANT:

By completing and submitting this application, I:

- Authorize Employer or its agents to investigate my background, character, general reputation and prior employment by contacting my prior employers, references or any other individuals Employer considers necessary, (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience);
- Authorize my prior employers, references and any other individuals contacted by Employer to release any and all information requested and absolve those parties who provide the information requested from any and all liability related to their doing so, **including information as required under the drug and alcohol regulations concerning past drug and alcohol test results;**
- Acknowledge that any employment offered to me is at will of Employer and may be terminated by Employer at any time, with or without cause;
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employers evaluation procedures and authorize release of my results to Employer and Employer's unrestricted use of those results in deciding whether I should be offered employment;
- Acknowledge and agree that an express condition of my employment is that I stay drug free and promptly submit to random drug testing whenever requested by Employer;
- Acknowledge and agree that evidence of drug use prior to or during my employment will be grounds for immediate termination without recourse;
- Certify that I completed this application. And that all entries on it and information in it are true and complete to the best of my knowledge;
- **Certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading, or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.**

Date ____ / ____ / ____ **Print Name** _____ **Signature** _____



PERSONAL HISTORY FOR PAST 10 YEARS

Begin with your present experience and work backward in order, listing all your employers, driving school and other training programs. Periods of military service, self employment and unemployment for at least 10 years.

All time must be accounted for. Use supplementary sheet is necessary. Fill in **all** blanks.

LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10 YEARS

PRESENT OR MOST RECENT JOB			
Dates From Month / Year ____ / ____ to ____ / ____			Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Type of Trailer Pulled
Telephone ()			Type of Equipment Driven
Supervisor			Number of Accidents
Full or Part Time	Hours or Miles / Week		State / Regions You Drove In

May we contact your present employer (if any) to verify your work record? _____ Yes _____ No

Period of unemployment (if any) Dates From Month / Year ____ / ____ to ____ / ____

NEXT JOB			
Dates From Month / Year ____ / ____ to ____ / ____			Position Held
Company			Average Weekly Earnings
Address			Reason for Leaving
City	State	Zip	Type of Trailer Pulled
Telephone ()			Type of Equipment Driven
Supervisor			Number of Accidents
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Period of unemployment (if any) Dates From Month / Year ____ / ____ to ____ / ____



Name _____

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Period of unemployment (if any) Dates From Month / Year ____ / ____ to ____ / ____



RELEASE AND DOCUMENTATION FROM PREVIOUS EMPLOYER

I hereby authorize _____ to release any positive controlled
previous employer/company

substance tests; alcohol tests with a result of .04 or greater, evidence of refusal to be tested, and information on any required substance abuse professional evaluation, determination of need for assistance, and compliance with this recommendations for the preceding three years. I request that such records be released immediately.

Date ____ / ____ / ____	S/S Number ____ - ____ - ____
Name of driver/applicant _____	Signature _____

Part 1 - To be completed by previous employer

	Yes	No
1. Has this person tested positive for a controlled substance within the previous three years?	_____	_____
2. Has this person tested .04 or higher for breath alcohol within the previous three years?	_____	_____
3. Has this person refused to comply with a legal request for a controlled substance or breath alcohol test within the previous three years?	_____	_____
4. Has this person violated any other areas of DOT drug and alcohol testing regulations in the past three years?	_____	_____
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations (40.25c).	_____	_____

If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.

SAP Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Name of person releasing information _____

Signature _____ Date ____ / ____ / ____



Employment Verification

To Former Employer _____

Date ____/____/____

Applicant's Name _____

S/S # ____ - ____ - ____

This applicant has applied with Mario's Express Service, Inc. for a position as a driver and states that he / she was employed by your company as a driver from ____/____/____ to ____/____/____. Will you kindly reply to the following questions respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is the above applicant's employment record with your company correct as stated above?

Yes () No ()

If not, what are the correct dates From Month / Year ____/____ to ____/____

Was this driver:

_____ Company OTR Driver

_____ Tractor Trailer

_____ Solo

Trailer Driver Pulled

_____ 48'

_____ Company Local Driver

_____ Straight Truck

_____ Teams

_____ 53'

_____ Owner Operator

What states did he / she run? _____

Did he / she have any worker's compensation claims? Yes () No ()

If yes, how many _____ Type of claims: _____

Please explain: _____

Number of accidents? _____

Date	Nature of accident	Chg.	Non-Chg	Injuries/Fatalities	Cost



Safe and efficient driver	Yes () No ()	Service failures	Yes () No ()
Any Equipment abuse	Yes () No ()	Cargo claims/shortages	Yes () No ()
Log/paperwork problems	Yes () No ()	Appearance/Attitude problems	Yes () No ()

Comments to Yes answers _____

Reason for leaving position Discharged () Lay off () Resigned ()

Please explain _____

Eligible for rehire Yes () No ()

If no, please explain _____

Additional Remarks _____

Signature of applicant

_____/_____/_____
Date

Signature of person supplying information

_____/_____/_____
Date



FMCSA NOTIFICATION OF DRIVER RIGHTS

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five (5) business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when we receive the requested safety performance history information. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available. Prospective employers may consider you to have waived your request to review the record.

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC/STA, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC/STA concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC/STA TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC/STA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC/STA has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC/STA, and I agree that such information which DAC/STA has or obtains, and my employment history with you if I am hired, will be supplied by DAC/STA to other companies which subscribe to DAC/STA.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

_____-_____
Social Security No.

Applicant's Signature

_____/_____/_____
Date

