



# DRIVER EMPLOYMENT APPLICATION

1995 Roan Creek Road, Mountain City, TN 37683 (423)727-2000

**\*\*IF APPLICATION IS NOT COMPLETED IN FULL IT WILL NOT BE CONSIDERED\*\***

## APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
PHONE	EMAIL	
DATE OF BIRTH	SOCIAL SECURITY #	
POSITION APPLIED FOR	Do you have the legal right to work in the United States?	
DATE OF APPLICATION	DATE AVAILABLE FOR WORK	<input type="radio"/> YES <input type="radio"/> NO

## REVIOUS THREE YEARS RESIDENCY

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

	STREET	CITY	STATE	ZIP	#OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

## LICENSE INFORMATION

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

### PREVIOUSLY HELD LICENSES

\*No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.


## DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT ( VAN,TANK,FLAT,ETC)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				



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## ACCIDENT RECORD FOR THE PAST 3 YEARS

NONE

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

DATES (MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	# OF FATALITIES	# OF INJURIES	CHEMICAL SPILLS (Y/N)

## TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

NONE

ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

DATE CONVICTED (MONTH / YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? (If 'YES', please explain)

YES →  NO

Has any license, permit, or privilege ever been suspended or revoked? (If 'YES', please explain)

YES →  NO

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require 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 year of current position, including any military experience, and work backwards [attach separate sheets if necessary]. You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

### MOST RECENT EMPLOYER

NAME	PHONE
POSITION HELD	EMPLOYED FROM (M/Y)      EMPLOYED TO (M/Y)
REASON FOR LEAVING	

SALARY (\*\*NOT REQUIRED IN STATES WITH HISTORY BAN\*\*)

EXPLAIN ANY GAPS IN HISTORY (INCLUDE MONTHS AND YEARS)



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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

## SECOND - MOST RECENT EMPLOYER

NAME	PHONE	
POSITION HELD	EMPLOYED FROM (M/Y)	EMPLOYED TO (M/Y)
REASON FOR LEAVING		

SALARY (\*\*NOT REQUIRED IN STATES WITH HISTORY BAN\*\*)

EXPLAIN ANY GAPS IN HISTORY (INCLUDE MONTHS AND YEARS)

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

## THIRD - MOST RECENT EMPLOYER

NAME	PHONE	
POSITION HELD	EMPLOYED FROM (M/Y)	EMPLOYED TO (M/Y)
REASON FOR LEAVING		

SALARY (\*\*NOT REQUIRED IN STATES WITH HISTORY BAN\*\*)

EXPLAIN ANY GAPS IN HISTORY (INCLUDE MONTHS AND YEARS)

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

## EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				YES	NO	
HIGH SCHOOL				<input type="radio"/>	<input type="radio"/>	
COLLEGE				<input type="radio"/>	<input type="radio"/>	
OTHER				<input type="radio"/>	<input type="radio"/>	

**OTHER QUALIFICATIONS**



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## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, healthcare 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 also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This Certifies 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. *Note: A motor carrier may require an application to provide more information than that required by the Federal Motor Carrier Safety Regulations.*

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
<b>APPLICANT NAME (PRINTED)</b>	