



Driver Application for Employment

Note to Applicant:

The information that you provide on this Application for Employment, including information concerning your current and previous employers will be used, and these employers will be contacted, for the purpose of investigating your Safety Performance History and in satisfying the requirements of FMCSR Section 391.23.

Providing false or misleading information on this application may result in your application being rejected or, if employed, may result in disciplinary actions up to and/or including your discharge from our company.

Section 391.23(i) provides you with Due Process Rights regarding any information provided to us by your current and/or previous employer(s) for use in performing the Safety Performance Investigation(s). For additional information concerning these rights please refer to said section.

Full Name (First, Middle, Last)		Application Date (mm/dd/yyyy)
Current Address (Address, City, State, Zip) account for the past 3 years		How long (years - months)
Previous Address (Address, City, State, Zip) account for the past 3 years		How long (years - months)
Social Security No.	Date of Birth (mm/dd/yyyy)	Phone Number
Email Address		Alternate Phone Number

CDL Information

CDL Number.	CDL Class	Endorsement(s)	Issuing State	Expiration Date (mm/dd/yyyy)
License Restriction(s) if any				

Accident History for past 3 years

I have not been involved in a motor vehicle accident during the past three years _____ (initial here).

	Accident date	No. of Injuries	No. of Fatalities	Com Vehicle(Y or N)	Location of accident (Highway number, city, state, etc)
1	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				

	Accident date	No. of Injuries	No. of Fatalities	Com Vehicle(Y or N)	Location of accident (Highway number, city, state, etc)
2	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				

	Accident date	No. of Injuries	No. of Fatalities	Com Vehicle(Y or N)	Location of accident (Highway number, city, state, etc)
3	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				

4	Accident date	No. of Injuries	No. of Fatalities	Com Vehicle(Y or N)	Location of accident (Highway number, city, state, etc)
	Description of Accident				
	If YOU were issued a citation explain (Vehicle code violation, etc.). If not, write "None"				

List of Violations for past 3 years

In the space below list all violations of motor vehicle laws or ordinances (other than parking violations) which you were convicted of or forfeited bond or collateral during the preceding 3 years. [Section 391.21(8)]

I certify that I have not been convicted of nor forfeited bond or collateral for a motor vehicle law for the preceding three years _____ (initial here).

1	Conviction Date	Offense	Location (City, State, etc)	Com Vehicle(Y or N)
2	Conviction Date	Offense	Location (City, State, etc)	Com Vehicle(Y or N)
3	Conviction Date	Offense	Location (City, State, etc)	Com Vehicle(Y or N)

Yes No

Have your driving privileges ever been denied, revoked, or suspended

If you answered yes to the above question, please explain.

Driving Experience

Equipment Type	Equipment Body Circle all that apply	Dates		Approx Num Miles total
		From	To	
Straight Truck < 26,001 lbs GVWR	Van Tank Flat Dump Refer			
Straight Truck >= 26,001 lbs GVWR	Van Tank Flat Dump Refer			
Tractor and Semi Trailer	Van Tank Flat Dump Refer			
Tractor and Doubles	Van Tank Flat Dump Refer			
Tractor and Triples	Van Tank Flat Dump Refer			
Motorcoach/Bus	No. of passengers: _____			
School bus				
Other:				

List all states that you've operated a Commercial Motor Vehicle in during past 5 years

Tell us about any training courses that you've attended

Tell us about any Safe Driving or other safety awards that you've received

Tell us about any additional training or technical experience that you've received that may help you in your role as a Commercial Driver.

Last school attended (Name city and state)	Highest grade completed
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Employment History

FMSCR Section 391.21(b)(11) requires all applicants for Commercial Driver positions to provide their employment history for the past 10 years.

Employer name	Start date(mm/yy)	End date(mm/YY)
Address	Position	
City, state, zip	Salary	
Contact Name, phone, email (if known)		
Reason for leaving		

Yes No

Were you subject to FMCSRs while employed at this employer?

Yes No

Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by

49CFR part 40?

Name	Start date(mm/yy)	End date(mm/YY)
Address	Position	
City, state, zip	Salary	
Contact Name, phone, email (if known)		
Reason for leaving		

Yes No

Were you subject to FMCSRs while employed at this employer?

Yes No

Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by

49CFR part 40?

Employer name	Start date(mm/yy)	End date(mm/YY)
Address	Position	
City, state, zip	Salary	
Contact Name, phone, email (if known)		
Reason for leaving		

Yes No

Were you subject to FMCSRs while employed at this employer?

Yes No

Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by

49CFR part 40?

Employment History continued

Employer name	Start date(mm/yy)	End date(mm/YY)
Address	Position	
City, state, zip	Salary	
Contact Name, phone, email (if known)		
Reason for leaving		

Yes No
 Were you subject to FMCSRs while employed at this employer?

Yes No
 Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?

Employer name	Start date(mm/yy)	End date(mm/YY)
Address	Position	
City, state, zip	Salary	
Contact Name, phone, email (if known)		
Reason for leaving		

Yes No
 Were you subject to FMCSRs while employed at this employer?

Yes No
 Was this job designated as Safety Sensitive in any DOT regulated mode subject to Alcohol and Controlled Substance Testing as req'd by 49CFR part 40?

Applicant Certification: 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 me knowledge

Date: _____ / _____ / _____ Applicant's Signature: _____

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be only accessed by the Human Resources department.

If you choose not to self-identify at this time, the federal government requires American Integrates Services Inc. to determine this information by visual survey and/or other available information.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

Male

Female

Nonbinary

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.