

APPLICATION

COMPANY The Driver Provider

FULL COMPANY ADDRESS 3439 South 40th St. Phoenix, Arizona 85040

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license".

I certify that I do not have more than one motor vehicle license, the information for which is listed below.

LICENSE INFO			
State	License No.	Type	Expiration Date
EXPERIENCE (complete all)			
Class of Equipment	Type of Equipment	Dates From / To	Approx Miles Driven
Sedans/SUV's			
Limousines			



Mini Bus/Motor Coach			
Straight Truck			
Tractor Trailer			

ACCIDENTS (complete all boxes)				
Date	Nature of Collision (Head On Rear End)	Number of Fatalities	Number of Injuries	Chemical Spill

VIOLATIONS (complete all boxes)			
Date Convicted	Violation	State Violation Occurred In	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

If yes, explain

B. Has any license, permit or privilege ever been suspended or revoked?

YES NO

If yes, explain



EMPLOYMENT RECORD

(MUST GO BACK THREE YEARS FOR ALL JOBS, AND 10 YEARS FOR DRIVING JOBS)

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER _____

ADDRESS _____

PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED.

INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this 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 as required by 49 CFR Part 40?

YES NO

SECOND TO LAST EMPLOYER _____

ADDRESS _____

PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED.

INCLUDE DATES (MONTH/YEAR) AND REASON.



Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this 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 as required by 49 CFR Part 40?

YES NO

EMPLOYER _____

ADDRESS _____

PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED.

INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this 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 as required by 49 CFR Part 40?

YES NO

EMPLOYER _____

ADDRESS _____

PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____

REASONS FOR LEAVING: _____



ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED.

INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this 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 as required by 49 CFR Part 40?

YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care 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 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 employer(s) 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.”

DATE

APPLICANT'S SIGNATURE

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 applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.