

Commercial Driver Application For Employment Part 391.21(b)

Date: ___ / ___ / 20___

Phoenix Motor Express
3220 South Fair Lane Suite 15
Tempe, Arizona 85282
602-595-7817

Applicant: **Read the following before submitting this application**

In compliance with federal and state equal opportunity laws, qualified applicants are considered for employment and without regard to race, color, religion, sex, origin, age, material status or non-related disability.

A. Personal History (Print Name in full) - Remainder of Application must be completed in Applicant's own handwriting. Note: Federal law obligates us to provide reasonable accommodations for the disabilities of applicants and employees unless to do so would pose an undue hardship. Applicants should inform us of any special accommodations are needed to complete the application process or to perform any essential functions of the position sought.

1. Name (first) _____ (middle) _____ (last) _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Telephone: _____ Cell: _____ (email) _____
(optional)

2. Provide all addresses for the previous three (3) years. If you need more space please provide a separate sheet of paper and attach it to this application.

Address _____ City _____ State _____ Zip _____
How long did you reside at this address? Years _____ Months _____

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3. Years of driving experience you have as a Commercial Driver Years _____ Months _____

4. Do you have any restrictions on your Commercial Drivers License (CDL)? Yes _____ No _____
Denied _____ Suspended _____ Revoked _____ If yes, explain: _____

5. Are you a U.S. citizen or authorized to be employed in the United States? Yes _____ Months _____

6. Are you familiar with the Hours of Service Regulations? Yes _____ No _____

7. Do you know how to fill a Drivers Daily Log out correctly? Yes _____ No _____

8. Have you ever been put out of service for a Log Book Violation? Yes _____ No _____

9. Did you attend Truck Driving School? Yes _____ No _____ Year Graduated _____

B. Previous Employment. Please provide a history of all employment for **previous 10 years.** Include employment and/or self employment. Forms must include complete addresses, including city, zip codes and telephone numbers. Keep in mind if you are unable to provide the required information you may be required to show proof of employment or self employment. Note: The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle has a GVWR of 10,000 lbs or more, is designed or used to transport nine or more passengers or is of any size used to transport hazardous materials of any quantity requiring placarding.

Name of Company _____ Telephone _____ - _____ - _____

Dates of Employment (From) _____ / _____ / _____ (To) _____ / _____ / _____

Address _____

Reason for termination: (Resignation) _____ City _____ state _____ zip _____ (Termination) _____ (Lay Off) _____ (Other) _____

(If other, please explain) _____

Position _____

Supervisors Name _____ Title _____

Were you subject to DOT Regulated Drug and Alcohol Testing? Yes _____ No _____

Were you subject to DOT Regulations? Yes _____ No _____

Was your job a Safety Sensitive Position? Yes _____ No _____

Any gaps in employment and/or unemployment, must be explained. Include dates (month/year) and reason _____

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(make additional copies of this page as needed)

C. Driving Record and Accident Information.

Provide your Driving Experience and the class of equipment

Class of Equipment	Type of Equipment (Van, Tank, Etc)	Dates		Approx no. of miles
		From:	To:	
Tractor / Semi Trailer	_____	_____	_____	_____
Tractor / Double Trailers	_____	_____	_____	_____
Tractor/ Triple Trailers	_____	_____	_____	_____
Straight Truck	_____	_____	_____	_____
Buses	_____	_____	_____	_____
Tractor / Pole Trailer	_____	_____	_____	_____
Tractor / Tank	_____	_____	_____	_____
Other	_____	_____	_____	_____

List States in which you operated in the past five (5) years

Circle all that apply

AL AK AZ AR CA CO CT DE FL GA ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT
NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI

Provide Drivers License information for the previous 3 years

State	License Number	Type of License	Endorsement(s)	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide Traffic Convictions for the proceeding three (3) years (this does not include parking tickets)

Check here if you have no violations

Date of Conviction	Location: City and State	Nature of Ticket: Speeding, Red Light etc	Fine or Penalty
_____	_____	_____	_____
_____	_____	_____	_____

Provide Accident Records for the proceeding three (3) years

Check here if you have no violations

Date of Accident	Location: City, State	Nature of Accident Rollover, Rear End etc.	Number of Injuries	Number of Fatalities
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you were involved in a accident, were you found to be at fault? Yes _____ No _____

If there were personal injuries, please give the nature and details of each: _____

Each driver must sign and date to signify that they have completed this application to the best of their knowledge, and by your signature, you release the company from all liability as it pertains to the Department of Transportation regulations. You also agree that the motor carrier has the right to conduct any and all investigation(s) that is required by the Department of Transportation.

Driver/Applicant Signature _____

Date ____ / ____ / ____

Employee/Driver Pre-Employment Drug and Alcohol Statement

Please answer the following questions required by Section 40.25(j) of the Federal Motor Carrier Safety Regulations

Have you tested positive or refused a pre-employment drug and/or alcohol test administered by an employer for which you applied for, but did not obtain, safety sensitive transportation work covered D.O.T. agency drug and alcohol rules and regulations during the previous 2 (two) years? Yes _____ No _____

If your answer was yes, can you provide proof that you have successfully completed all Department of Transportation return to duty requirements? Yes _____ No _____

Driver / Applicant signature: _____ Date: ____/____/____

Each driver must sign and date to signify that they have completed this form to the best of their knowledge, and by your signature, you release the company from all liability as it pertains to the Department of Transportation regulations. You also agree that the motor carrier has the right to conduct any and all investigation(s) that is required by the Department of Transportation.

Drivers have Rights

I understand that information that I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation 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 information corrected by previous employers and for those previous employers to re-send the corrected information to the perspective employer; and
- ◆ Have a rebuttal statement attached to the alleged erroneous information, if the pervious employer(s) and I cannot agree the accuracy of the information.

Driver / Applicant signature: _____ Date: ____/____/____

Fair Credit Reporting Act

I understand that I am being informed of the following information as required by Section 604(b)(2)(a) of the Fair Credit Reporting Act.

The following documents will be obtained as required by the Federal Motor Carrier Safety Regulations (FMCSR's).

- ◆ A copy of your driving record (motor vehicle report) from the state(s) in which you resided for the previous three (3) years.
- ◆ Previous employment information for the previous three (3) years.
- ◆ Previous Drug and Alcohol results for the previous two (2) years.
- ◆ Copy of your DOT medical card and long form physical
- ◆ Copy of your Commercial Drivers License (front and back)

These reports / documents shall be obtained for employment purposes only! All information shall remain confidential and kept under lock and key.

Driver / Applicant signature: _____ Date: ____/____/____