

COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name		Date	
Social Security Number		Date of Birth	
Email Address		Main Phone	
Emergency Contact		Emergency Phone	
Position Applied For	How did you hear about StaffCo?		

RESIDENT ADDRESSES FOR THE PAST 3 YEARS

Current Street Address			
City	State	Zip	How Long?
Previous Street Address			
City	State	Zip	How Long?
Previous Street Address			
City	State	Zip	How Long?

AVAILABILITY

Date Available To Start Working:	Transportation: <input type="checkbox"/> Own Car <input type="checkbox"/> Bus <input type="checkbox"/> Share Ride
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift
Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

EDUCATION

Circle Years Completed	Name / State	Complete Date	Major / Degree / License
High School	1 2 3 4		
Technical School	1 2 3 4		
College / University	1 2 3 4		
Graduate School	1 2 3 4		
Other School	1 2 3 4		
Other Certification			
CDL School			

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DRIVING EXPERIENCE

Equipment	Type of Equipment	Date From	Date To	# of Miles
Straight Truck				
Tractor and Semi				
Tractor Doubles / Triples				
Jockey / Mule / Yard				
Other Equipment				
Other Equipment				

NON-DRIVING SKILLS

Mark only the skills in which you are highly experienced and skilled.

Assembly

- Factory Type _____
- Inspecting
- Packaging
- Electronics
- Wiring
- Soldering
- P.C. Boards
- Schematics

Warehouse

- Forklift
- Load/Unload
- Ship/Receive
- Stocking
- Inventory
- Maintenance**
- Janitorial
- Elec/Mech
- Automotive

Trades

- Electrician
- Carpenter
- Plumber
- Machinist
- Mason
- Welder
- Blueprints
- Own Tools
- Jrny. App.

General Labor

- Landscape
- Construction
- Lumber
- Plastics
- Furniture
- Food Service**
- Cook
- Waiter
- Cashier

Other

- Office
- Security Guard
- Painting
- Drafting
- Dispatcher
- Housekeeping
- _____

Communications

- Switchboard
- # Lines _____
- Multi line Phone
- Two-way radio

General Clerical

- Duplicating
- Filing
- Receptionist
- Runner

Bookkeeping

- F.C. bookkeeper
- Asst. Bookkeeper
- Accts. Payable
- Accts. Receivable
- Payroll
- Office Equipment**
- Fax Machine
- Copy Machine
- Adding Machine

Medical / Legal

- Ins. Filing
- Billing Clerk
- Medical Term.
- Transcription
- Legal Sec.
- Paralegal
- Legal Recep.
- Data Entry

Software

- Windows
- Apple OS
- Access
- Excel
- Word
- PowerPoint
- HTML
- Python
- QuickBooks

- Peachtree
- Internet Exp.
- Web design
- Programming
- Computer Tech
- Other Skills**

Other skills not listed above: _____

Do you have any physical limitations which may affect your work? _____

PROVIDE OTHER SKILLS OR EXPERIENCE NOT LISTED

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EMPLOYMENT HISTORY

List ALL activity and employment for the last 10 years in chronological order beginning with the most recent.

Employer Name		Phone	
Address			
Position Held		From	To
Salary/Wage	Reason for Leaving		
Were you subject to FMSCR* while employed?			YES NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?			YES NO
Employer Name		Phone	
Address			
Position Held		From	To
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*Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle over 10,000 lbs., is designed to transport 9 or more passengers, OR is any size used to transport hazardous materials requiring placarding.

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DRIVER'S LICENSES FOR THE PAST 3 YEARS

State	License #	Class	Issue Date	Expiration Date

Have you ever had any type of motor vehicle license suspended or revoked or been denied a license/permit of privilege to operate a motor vehicle?

YES NO

Provide a description here if you circled YES above.

CDL ENDORSEMENTS

Code	Endorsement	Circle One	
T	Double / Triple Trailers	YES	NO
P	Passenger	YES	NO
N	Tank Vehicle	YES	NO
H	Hazardous Materials	YES	NO
X	Combination of Hazardous and Tank	YES	NO
S	School Bus	YES	NO

MOVING VIOLATIONS FOR THE PAST 3 YEARS (EXCLUDE PARKING VIOLATIONS)

Date	Citation Type	Commercial Vehicle		
		YES	NO	
		YES	NO	
		YES	NO	

Do you have a pending charge for driving while intoxicated or under the influence of illegal or prescription drugs?

YES NO

ACCIDENT RECORD FOR THE PAST 3 YEARS

Date	Nature of Accident	Commercial Vehicle		Injuries / Fatalities	
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

RELEASE OF INFORMATION

I authorize Staffing Companies, Inc., dba StaffCo to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. 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 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.
- 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.

If you wish to review previous employer-provided investigative information you must submit a written request to the prospective employer, which 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. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within the thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer which provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Signature

Date

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver/applicants of this company must be tested for controlled substances as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances. I understand that cost of the testing is \$70.00 and this amount will be deducted from my first paycheck.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Signature

Date

DOT REQUIRED SPLIT SAMPLE TESTING

As of August 15, 1994 Federal Regulations require all DOT drug tests to be collected in accordance with split sample procedures.

With this change, the driver has the right to have the second bottle tested at a different NIDA approved lab should the initial test be confirmed positive. The driver will have 72 hours after a test is confirmed positive to request the second bottle be tested.

If you request that the second bottle be tested you will assume the cost of any subsequent testing. Should subsequent testing results report back as negative, we will reimburse you for the cost of the testing.

Due to the additional expense of transporting the sample to another NIDA approved lab and requirement that the confirmation be done by expensive Gas Chromatography, the testing of the second bottle will cost **\$275.00**.

I have read the above notice and understand that I will be responsible for the cost of any subsequent testing charges.

Signature

Date

SUBSTANCE ABUSE POLICY

This package contains educational material and policy concerning the use of alcohol and drugs. Department of Transportation Regulation § 382.601 (d).

I hereby acknowledge receipt of the Substance Abuse Policy – Driver’s Information Packet.

Signature

Date

FEDERAL MOTOR CARRIER SAFETY REGULATIONS §40.25 (j)

Per Federal Motor Carrier Safety Regulations §40.25 (j), the employer must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment drug test or have you tested .02 or greater, or refused to test on any pre-employment test during the past two years?

YES NO

APPLICANT SIGNATURE

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 my knowledge.

Printed Name

Date

Signature

FOR OFFICE USE ONLY

WTMA: _____

CAST: _____