



Driver Employment Application (FMCSA Compliant)

Personal Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Current Address (Street, City, State, Zip):

Previous Addresses (Past 3 years):

Position Applying For:

Date Available to Start:

Licensing and Experience

Driver's License Number:

State of Issuance:

License Type/Class:

Endorsements:

Driving Experience (Type of Vehicle / Duration):

List all states operated in last 3 years:

List all traffic violations (last 3 years):

Employment History (Last 10 Years - FMCSA Requirement)

Employer 1 Name:

Address / Phone:

Position Held:

From (MM/YYYY) to (MM/YYYY):

Reason for Leaving:

Was this a safety-sensitive transportation position? (Yes/No):

Subject to FMCSA regulations? (Yes/No):

Employer 2 Name:

Address / Phone:

Position Held:

From (MM/YYYY) to (MM/YYYY):

Reason for Leaving:

Was this a safety-sensitive transportation position? (Yes/No):

Subject to FMCSA regulations? (Yes/No):

Employer 3 Name:

Address / Phone:

Position Held:

From (MM/YYYY) to (MM/YYYY):

Reason for Leaving:

Was this a safety-sensitive transportation position? (Yes/No):

Subject to FMCSA regulations? (Yes/No):

Drug & Alcohol Testing and Certification

Have you tested positive or refused a DOT drug or alcohol test in the last 3 years? (Yes/No):

If Yes, provide details and proof of completed return-to-duty process:

Certification:

I certify that this application was completed by me, and all entries are true and complete to the best of my knowledge.

Signature: _____ Date: _____