



Applicant Name (print) _____ Date _____

TO BE READ AND SIGNED BY APPLICANT

Signing this application I guarantee that 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 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 corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I can not agree on the accuracy of the information.

Position _____ Desired Salary _____ hourly weekly annually
Name _____ Social Security Number _____
(Last) (First) (MI) Date of Birth _____

List residency addresses for the past three (3) years.

Current Address _____
(Street) (City)
Phone _____ How Long? _____
(State) (Zip) yr./mo.

Previous _____ How Long? _____
(Street) (City) (State & Zip) yr./mo.

Previous _____ How Long? _____
(Street) (City) (State & Zip) yr./mo.

Previous _____ How Long? _____
(Street) (City) (State & Zip) yr./mo.

Do you have the legal right to work in the United States? _____

Have you worked for this company before? No Yes, if so provide Dates: _____ to _____
Position _____
Reason for Leaving _____

Referred by? _____

Can you perform, with or without reasonable accommodation, the essential functions of the job? Y N

EMPLOYMENT HISTORY

- All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing addresses, street number, city, state, and zip code.
- Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle (NOTE: List in reverse order starting with the most recent. Add another sheet as necessary.)
- Applicant must submit, with this application, an Official Copy of Motor Vehicle Report dated no more than ten (10) days from application date.

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AND DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CF PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON PHONE NUMBER			
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** The FMCSRs apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicles: (1) weights or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST FIVE (5) YEARS – ATTACH SHEET IF MORE SPACE IS NEEDED – IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS – OTHER THAN PARKING VIOLATIONS – IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENCES OR PERMITS HELD IN THE PAST FIVE (5) YEARS	STATE	LICENSE NO	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
 B. Has any license, permit, or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT CHECK YES OR NO	EQUIPMENT TYPE CIRCLE	DATES FROM (MM/YR) TO (MM/YR)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH – SCHOOL BUS MORE THAN 8 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO	NA		
MOTORCOACH – SCHOOL BUS MORE THAN 15 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO	NA		
OTHER _____	_____		

LIST STATES OPERATED IN FOR LAST FIVE (5) YEARS _____
 SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____
 LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH OTHER THAN THOSE ALREADY SHOWN _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE OR TRADE SCHOOL _____

LAST SCHOOL

ATTENDED _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

1. HAVE YOU TEST POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEARS? YES NO
2. IF YOU ANSWERED YES, CAN YOU PROVIDE/OBTAIN PROOF THAT YOU HAVE SUCCESSFULLY COMPLETED THE DOT RETURN-TO-DUTY REQUIREMENTS? YES NO

By signing this application, you hereby authorize **A+ Environmental Restoration, LLC** to review and monitor current and future (for the duration of employment with this company) Motor Vehicle Report(s) for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that a driver must comply with, including the following:

1. **POSSESSES ONLY ONE LICENSE:** A commercial vehicle driver may not possess more than one motor vehicle operator’s license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CENCELLATION:** Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that employers are notified, by employees, the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of driver’s license or privilege. In addition, Section 383.31 requires that any convicted violations of state or local traffic law (other than parking) must be reported to the employer within 30 day and that the notification must be in writing.
3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that commercial driver’s license be issued by the employee’s legal state of domicile, where said employee’s true, fixed, and permanent home and principal residence are located. If new domicile is established in another state, an application to transfer CLD within 30 days must be submitted.

By signing this application, you guarantee that the listed license information is the only one possessed and that the above requirements have been read and are understood.

License No.	State	Expiration Date



By signing below, you are stating that everything in this application is true and correct, to your best knowledge. Failure to report accurate information may result in immediate termination, if employment is offered. You guarantee that you have read and understood all aspects of this application.

Driver Signature

Printed Name and Date