



717 21st Street North
 Fargo, ND 58102

DRIVER DOT APPLICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to requirements of the Federal Motor Carrier Safety Regulations and the Company(s) named above, and shall not be used for any other purpose.

INSTRUCTIONS TO APPLICANT

Please answer all questions. If the answer to any questions is "no" or "none", do not leave the item blank, but write "no" or "none". This is very important.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

Date _____

Check one:

<input type="checkbox"/>	Contractor
<input type="checkbox"/>	Driver

Name _____
(First, MI, Last)

Phone number: _____

Referred by: _____

Social Security Number _____

Date of Birth _____

Current & Three Years Previous Addresses

From _____	To _____
From _____	To _____
From _____	To _____

EMPLOYMENT DESIRED

Position: _____

Date available: _____ Salary Desired: _____

Are you employed now? Yes No

Ever applied with this company before? Yes No
Where? _____ When? _____

EMPLOYMENT HISTORY

Give a **complete record** of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Present or Last Employer

From (mo/yr) _____	To (mo/yr) _____	Name _____
Phone _____	Address _____	

Position Held _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and drug testing as required by 49CFR part 40? Yes No

Next Previous Employer

From (mo/yr) *To (mo/yr)* Name _____

Phone _____ Address _____

Position Held _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and drug testing as required by 49CFR part 40? Yes No

Next Previous Employer

From (mo/yr) *To (mo/yr)* Name _____

Phone _____ Address _____

Position Held _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and drug testing as required by 49CFR part 40? Yes No

Next Previous Employer

From (mo/yr) *To (mo/yr)* Name _____

Phone _____ Address _____

Position Held _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and drug testing as required by 49CFR part 40? Yes No

Next Previous Employer

From (mo/yr) *To (mo/yr)* Name _____

Phone _____ Address _____

Position Held _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and drug testing as required by 49CFR part 40? Yes No

Next Previous Employer

From (mo/yr) *To (mo/yr)* Name _____

Phone _____ Address _____

Position Held _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and drug testing as required by 49CFR part 40? Yes No

Class of Equipment	Dates		Approximate Number of Total Miles
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses or training that will help you as a driver: _____

What safe driving awards do you hold and from whom? _____

Accident record for past three years (attach sheet if more space is needed)

Dates	Nature of Accident (head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

Traffic convictions and forfeitures for the last three years (other than parking violations)

Location	Date	Charge	Penalty

Driver's license (list each driver's license held in the past three years)

State	License #	Type	Endorsements	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

C. In the previous 2 years, have you tested positive or refused to test on a pre-employment drug or alcohol test for a job applied for, but not obtained?

Yes No

If the answer to A or B is YES, give details _____

U.S. Military or Naval Service: _____ Rank: _____

Presently in National Guard or Reserves: _____

