



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

Contractor
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

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

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 3 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: _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

In regard to your safety performance history, you have the right to review information provided by previous employers (391.23(i)(2)); the right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer (391.23(j)(1)); and the right to have a rebuttal statement attached to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information (391.23(j)(3)).

Fair Credit Reporting Act: It is also agreed and understood that in accordance with the Fair Credit Reporting Act, Public Law 91-508; Section 604(b) (15 U.S.C. 1681-1681u), that I have been informed that consumer reports may be used for employment purposes to complete these and other background investigations. This includes information regarding my character, general reputation, personal characteristics, Motor Vehicle Report and mode of living.

Drug & Alcohol Testing: The Federal Motor Carrier Safety Regulations (FMCSR) require motor carriers to investigate the employment background, drug and alcohol testing history (49 CFR, Parts 40, 382 or 391 requirements), and motor vehicle driving record of all commercial motor vehicle driver applicants.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

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.

Applicant's Signature

Date _____

Remarks

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.