



(answer all questions - please print)

COMMERCIAL VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

Physical: 821 East Boulevard, Kingsford, MI 49802 * Mailing: PO Box 207, Iron Mountain, MI 49801
 Telephone: 906-774-1931 * Toll Free: 800-821-6389 * Fax: 906-774-2032 * Online: www.usspecial.com

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) 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; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Name (Printed): _____ Signature: _____ Date: _____

Today's Date ___/___/___ Seeking: Full Time Part Time Casual Temporary, from ___ to ___

Name		Last	First	Middle Initial
LIST ADDRESSES FOR PAST THREE (3) YEARS	Street	Apt No.	City	State
	Street	Apt No.	City	State
	Street	Apt No.	City	State

DOB (required for Commercial Drivers) ___/___/___ Can you provide Proof? Yes No. Social Security number ___/___/___

When was your last DOT Physical? ___/___/___ As proof of your DOT Physical, do you currently have: Wallet Card* ___ Long Form* ___ Both*
 * Attach copies of your DOT physical wallet card and doctor's long form (if you have a copy) to this application.

- ◆ Have you ever been denied a driver's license, permit or privilege to operate a motor vehicle? ___Yes* ___NO
 - ◆ Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? ___Yes* ___NO
 - ◆ Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? ___Yes* ___NO
- *If the answer to any of these questions is "Yes," attach a statement and explain each answered Yes.

ACCIDENT RECORD, For Past 3 Years if none.....write NONE (attach sheet if needed)

	DATES	TYPE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

MOTOR VEHICLE LAWS & ORDINANCE VIOLATIONS, For the Past 3 Years (other than parking violations) (attach sheet if needed)

DATE	LOCATION	CHARGE	PENALTY

STATE	DRIVER'S LICENSE (CDL) NUMBER	GROUP/CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE Include vehicles have a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicles used to transport hazardous materials in a quantity requiring placarding.

CLASS OF EQUIPMENT	DATES FROM	DATES TO	APPX. NUMBER OF MILES
STRAIGHT TRUCK			
TRACTOR-TRAILER			
OTHER			

EMPLOYMENT HISTORY

Applicants to provide 10 years' prior employment history. For the most recent three years, provide a complete history of all employers, including dates employed, role, and complete mailing address, street number, city, state and zip code. For years 4-10, you need only list employers where you operated a commercial vehicle. **NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.**

PREVIOUS EMPLOYER INFORMATION

LAST EMPLOYER:

NAME _____	DATES OF EMPLOYMENT
ADDRESS _____	FROM _____ TO _____
CITY _____	POSITION HELD _____
STATE / ZIP _____	SALARY / HRLY RATE _____
PHONE NUMBER (_____) _____	SUPERVISOR'S NAME _____
REASON FOR LEAVING _____	LIST REASON IF GAP IN EMPLOYMENT _____

Were you regulated by FMCSA during this job? Yes No. Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

SECOND LAST EMPLOYER:

NAME _____	DATES OF EMPLOYMENT
ADDRESS _____	FROM _____ TO _____
CITY _____	POSITION HELD _____
STATE / ZIP _____	SALARY / HRLY RATE _____
PHONE NUMBER (_____) _____	SUPERVISOR'S NAME _____
REASON FOR LEAVING _____	LIST REASON IF GAP IN EMPLOYMENT _____

Were you regulated by FMCSA during this job? Yes No. Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

THIRD LAST EMPLOYER:

NAME _____	DATES OF EMPLOYMENT
ADDRESS _____	FROM _____ TO _____
CITY _____	POSITION HELD _____
STATE / ZIP _____	SALARY / HRLY RATE _____
PHONE NUMBER (_____) _____	SUPERVISOR'S NAME _____
REASON FOR LEAVING _____	LIST REASON IF GAP IN EMPLOYMENT _____

Were you regulated by FMCSA during this job? Yes No. Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

FORTH LAST EMPLOYER

NAME _____	DATES OF EMPLOYMENT
ADDRESS _____	FROM _____ TO _____
CITY _____	POSITION HELD _____
STATE / ZIP _____	SALARY / HRLY RATE _____
PHONE NUMBER (_____) _____	SUPERVISOR'S NAME _____
REASON FOR LEAVING _____	LIST REASON IF GAP IN EMPLOYMENT _____

Were you regulated by FMCSA during this job? Yes No. Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

