

# Sample Employment Application Form

## APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

TELEPHONE NUMBERS \_\_\_\_\_

**EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):**

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED):**

| DRIVER LICENSES | STATE | LICENSE NUMBER | CLASS | ENDORSEMENTS | EXPIRATION DATE |
|-----------------|-------|----------------|-------|--------------|-----------------|
|                 |       |                |       |              |                 |
|                 |       |                |       |              |                 |
|                 |       |                |       |              |                 |

| DRIVING | CLASS OF EQUIPMENT        | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC) | DATES |    | APPROXIMATE NUMBER<br>OF MILES (TOTAL) |
|---------|---------------------------|---|-------|----|--|
|         |                           |   | FROM  | TO |  |
|         | STRAIGHT TRUCK            |   |       |    |  |
|         | TRACTOR AND SEMI-TRAILER  |   |       |    |  |
|         | TRACTOR-MULTIPLE TRAILERS |   |       |    |  |
|         | OTHER                     |   |       |    |  |

| ACCIDENTS | DATES (LAST THREE YEARS)<br>(LIST MOST RECENT FIRST) | NATURE OF ACCIDENT<br>(HEAD-ON, REAR END, UPSET, ETC) | FATALITIES | INJURIES |
|-----------|--|---|------------|----------|
|           |  |   |            |          |
|           |  |   |            |          |
|           |  |   |            |          |

| TRAFFIC CONVICTIONS AND FORFEITURES | LOCATION | DATE | CHARGE | PENALTY |
|-------------------------------------|----------|------|--------|---------|
|                                     |          |      |        |         |
|                                     |          |      |        |         |
|                                     |          |      |        |         |

**Note:** This form is provided as a suggested format for a commercial motor vehicle driver's application for employment. A motor carrier may use any format for an application for employment which complies with 391.21.

## Sample Employment Application Form – Page 2

Application for Employment (Reverse side, or page 2)

### ADVERSE LICENSING ACTIONS:

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N \_\_\_\_  
B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N \_\_\_\_

Explain below(or attach separate sheet if more space is needed):

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### EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

**NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:**

#### LAST EMPLOYER

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY \$ \_\_\_\_\_ per \_\_\_\_\_  
SUBJECT TO FMCSRs? \_\_\_\_\_ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

#### SECOND LAST EMPLOYER

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY \$ \_\_\_\_\_ per \_\_\_\_\_  
SUBJECT TO FMCSRs? \_\_\_\_\_ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

#### THIRD LAST EMPLOYER

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TO: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ SALARY \$ \_\_\_\_\_ per \_\_\_\_\_  
SUBJECT TO FMCSRs? \_\_\_\_\_ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE  
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

# Safety Performance History Records Request – Page 1

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| PART 1:   | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
|---|---|
| <p>I, (Print Name) _____<br/> <span style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>M.I.</span> <span>Last</span> <span>Social Security Number</span> </span> </p> <p>Hereby authorize: _____<br/> <span style="float: right;">Date of Birth</span></p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.<br/> <span style="display: block; text-align: center;">(employment application date)</span></p> <p>To:           Prospective Employer: _____<br/> <span style="padding-left: 40px;">Attention: _____ Telephone: _____</span><br/> <span style="padding-left: 40px;">Street: _____</span><br/> <span style="padding-left: 40px;">City, State, Zip: _____</span></p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: _____</p> <p>Prospective employer's email address: _____</p> <p style="text-align: center;">_____<br/>Applicant's Signature</p> <p style="text-align: right;">_____<br/>Date</p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p> |   |

| PART 2:  | TO BE COMPLETED BY PREVIOUS EMPLOYER |          |            |              |              |              |              |    |       |       |       |       |       |    |       |       |       |       |       |    |       |       |       |       |       |
|--|--------------------------------------|----------|------------|--------------|--------------|--------------|--------------|----|-------|-------|-------|-------|-------|----|-------|-------|-------|-------|-------|----|-------|-------|-------|-------|-------|
| <p style="text-align: center;"><b>ACCIDENT HISTORY</b></p> <p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/><br/>           Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/><br/>           If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p><b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 20%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____<br/>           _____</p> <p>Any other remarks:<br/>           _____<br/>           _____<br/>           _____</p> <p style="text-align: right;">Signature: _____<br/>           Title: _____ Date: _____</p> |                                      |          | Date       | Location     | # Injuries   | # Fatalities | Hazmat Spill | 1. | _____ | _____ | _____ | _____ | _____ | 2. | _____ | _____ | _____ | _____ | _____ | 3. | _____ | _____ | _____ | _____ | _____ |
|  | Date                                 | Location | # Injuries | # Fatalities | Hazmat Spill |              |              |    |       |       |       |       |       |    |       |       |       |       |       |    |       |       |       |       |       |
| 1.   | _____                                | _____    | _____      | _____        | _____        |              |              |    |       |       |       |       |       |    |       |       |       |       |       |    |       |       |       |       |       |
| 2.   | _____                                | _____    | _____      | _____        | _____        |              |              |    |       |       |       |       |       |    |       |       |       |       |       |    |       |       |       |       |       |
| 3.   | _____                                | _____    | _____      | _____        | _____        |              |              |    |       |       |       |       |       |    |       |       |       |       |       |    |       |       |       |       |       |

## Safety Performance History Records Request – Page 2

### PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

|   |   |
|---|---|
| <b>PART 3:</b>  | <b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b> |
| <b>DRUG AND ALCOHOL HISTORY</b>   |   |
| <p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> <li>1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ol> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p> |   |

|   |  |
|---|--|
| <b>PART 4a:</b>   | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p> |  |

|  |  |
|--|--|
| <b>PART 4b:</b>  | <b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b> |
| <p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p> |  |

### INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

|  |   |
|--|---|
| <p><b>PAGE 1 PART 1:</b> Prospective Employee</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>Complete the information</li> <li>Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Turn form over to complete SIDE 2 SECTION 3</li> </ul> | <p><b>PAGE 2 PART 3:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>Record receipt of the information</li> <li>Retain the form</li> </ul> |
|--|---|

**RECORDS REQUEST FOR  
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

**§391.23(i)(2)** Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

| PART 1:  | COMPLETED BY THE DRIVER/APPLICANT  |
|--|--|
| <b>TO:</b>   | Prospective Employer: _____<br>Street/P.O. Box: _____<br>City, State, Zip: _____ Telephone # _____                 |
| <b>FROM:</b>   | Driver/Applicant: _____ Social Security/I.D. # _____<br>Street: _____<br>City, State, Zip: _____ Telephone # _____ |
| <p>I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.</p> <p>This information should be:   <input type="checkbox"/> sent to me at the above address.<br/>             <input type="checkbox"/> I will arrange to pick up.</p> <p>Driver/Applicant Signature: _____ Date: _____ / _____ / _____<br/> <span style="margin-left: 600px;">M                      D                      Y</span></p> |  |

| PART 2:  | COMPLETED BY THE PROSPECTIVE EMPLOYER |
|--|---------------------------------------|
| <p>The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.</p> <p><b>Information supplied to:</b></p> <p>Name: _____<br/>           Street: _____<br/>           City, State, Zip: _____<br/>           Comments: _____<br/>           _____</p> <p><b>By:</b></p> <p>_____<br/>           Signature/person providing information                      Telephone #                      Release Date: _____ / _____ / _____<br/> <span style="margin-left: 600px;">M                      D                      Y</span></p> |                                       |

**COPY 1 PROSPECTIVE EMPLOYER**



Texas Department of Public Safety

Save Time – Request Your Driver Record Online  
www.texas.gov

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

**You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.**

- \_\_\_\_\_ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- \_\_\_\_\_ 2. For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- \_\_\_\_\_ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- \_\_\_\_\_ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- \_\_\_\_\_ 5. For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- \_\_\_\_\_ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- \_\_\_\_\_ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- \_\_\_\_\_ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- \_\_\_\_\_ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- \_\_\_\_\_ 10. For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- \_\_\_\_\_ 11. For use in connection with the operating of a private toll transportation facility.
- \_\_\_\_\_ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- \_\_\_\_\_ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.  
Please state specific statutory authority \_\_\_\_\_
- \_\_\_\_\_ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**Request for Driving Record (and Release) - other than Texas**

\_\_\_\_\_  
(Driver’s Name)

\_\_\_\_\_  
(Driver’s Operators License Number)

\_\_\_\_\_  
(Driver’s Social Security Number)

Dear \_\_\_\_\_:

The above named individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator’s license or permit has been issued by your state to applicant, and that it is in good standing.

In accordance with 49 C.F.R. 391.23(a)(1) of the Federal Motor Carrier Safety Regulations, we are required to make an inquiry into the applicant’s driving record during the preceding 3 years of every state in which the applicant has held a motor vehicle operator’s license or permit during those 3 years.

Therefore, please certify to us what the individual’s driving record is for the preceding 3 years, or certify that no such record exists if that be the case.

In the event this letter does not satisfy your requirements for making such inquiries, please send us instructions and forms of yours as are necessary for us to complete our inquiry into the driving record of this applicant.

Respectfully yours,

\_\_\_\_\_  
Signature of individual making this inquiry

\_\_\_\_\_  
Printed name of person making this inquiry

\_\_\_\_\_  
Title of person making this inquiry

\_\_\_\_\_  
Name of Motor Carrier

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
Mailing Address City State Zip Code

Note: This form is provided as a suggested format for requesting a driving record from a jurisdiction other than Texas. No format is prescribed, and each jurisdiction may have its own form.