

Application for Employment Owner Operator/Leaser

Date of Application:

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, national origin, age, marital status, or non-job related disability. Please complete both pages of this application thoroughly, attach additional sheets if more room is required.

TO BE COMPLETED BY APPLICANT:	
Name:	Date:
Address:	Social Security#
City, State, Zip	DOB:
Time at this Address:	Phone:

PREVIOUS ADDRESSES FOR THE LAST THREE YEARS:			
Street	City	State/Zip	How Long

LIST ALL UNEXPIRED DRIVERS LICENSES AND/OR PERMITS (Within last 10 years):		
State	License number	Expiration Date

List all CDL Endorsements:

LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES:	
Type of Commercial Vehicle or Combination	Experience

List all violations (other than parking) or which you were convicted or forfeited Bond and/or Collateral During the last Three Years.

Date	City/ State	Charge	Penalty

Please detail the Facts and Circumstances of any Denial, Dis-Qualification Revocation or Suspension of any Driver’s License, Permit or Privilege to Operate. Include any Record Drug & Alcohol Positive Test Results and/ or Refusals to Submit.

EMPLOYMENT HISTORY

DOT 383.71 requires (7) years of previous employer history where you operated a Commercial vehicle, including addresses of previous employers, dates you were employed and the reason for leaving. Indicate if you were employed in a safety sensitive function, which is subject to Drug & Alcohol Testing; refer to 49 CFR Part 40.

Employer Name:	From:	To:
Address	Position:	
	Salary:	
Company Contact:	Reason for Leaving:	
Phone:		
<input type="checkbox"/> Yes Were you subject to “Safety Sensitive” Drug and Alcohol Testing under 49 CFR Part 40?		
<input type="checkbox"/> Yes Were you subject to FMCSR while employed by this employer?		

Employer Name:	From:	To:
Address	Position:	

	Salary:
Company Contact: Phone:	Reason for Leaving:
<input type="checkbox"/> Yes	Were you subject to "Safety Sensitive" Drug and Alcohol Testing under 49 CFR Part 40?
<input type="checkbox"/> Yes	Were you subject to FMCSR while employed by this employer?

Employer Name:	From:	To:
Address	Position:	
	Salary:	
Company Contact: Phone:	Reason for Leaving:	
<input type="checkbox"/> Yes	Were you subject to "Safety Sensitive" Drug and Alcohol Testing under 49 CFR Part 40?	
<input type="checkbox"/> Yes	Were you subject to FMCSR while employed by this employer?	

Employer Name:	From:	To:
Address	Position:	
	Salary:	
Company Contact: Phone:	Reason for Leaving:	
<input type="checkbox"/> Yes	Were you subject to "Safety Sensitive" Drug and Alcohol Testing under 49 CFR Part 40?	
<input type="checkbox"/> Yes	Were you subject to FMCSR while employed by this employer?	

OFFICE USE ONLY		
<input type="checkbox"/> Applicant Hired	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:		
Date of Termination:	Authorized by:	
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other
Reason:		

This certifies that this application was completed by me and that all entries on this form and the information submitted are true and complete to the best of my knowledge.

Applicant's Signature:	Date:
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