



2829 E. SR. 124 - P.O. BOX 476
 BLUFFTON, IN 46714
 Phone (260) 824-2220
 Fax (260) 824-2223

EMPLOYMENT APPLICATION FOR CDL/TRANSPORT DRIVER

Name _____
 (First) (Middle) (Maiden if Any) (Last)

Address _____
 (Street) (City) (State & Zip Code)

How long have you been at this address? _____

Date Of Birth _____ Social Security No _____

Email Address _____

Phone () _____ Do you have a valid license? Yes No

LICENSE INFORMATION

Section 383.21 FMCSR states: "No person who operates a commercial motor vehicle shall, at any one time, have more than one driver's license".

I certify that I do not have more than one motor vehicle license. _____ (Please initial)

License No _____ License Type _____

State _____ Expiration Date _____

DRIVING EXPERIENCE

Class of Equipment	Equipment Type (Van, Tank, Flat, ETC)	Dates From - To	Approx. No of Miles Driven (Total)
Straight Truck			
Tractor & Semi-Trailer			
Tractor Two Trailers			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH EXTRA SHEET IF NEEDED)

DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILL
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED	STATE OF VIOLATION (IN, MI, ETC)	VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL, POINTS, ETC)

(ATTACH EXTRA SHEET IF NEEDED)



References

Please list three professional references. NO FAMILY.

***Please note that by listing these references you are giving National E & R permission to call and inquire about your professional experiences. ***

Reference 1:

Full Name: _____

Company: _____ Years Known: _____

Phone: _____ Relationship/Title: _____

Reference 2:

Full Name: _____

Company: _____ Years Known: _____

Phone: _____ Relationship/Title: _____

Reference 3:

Full Name: _____

Company: _____ Years Known: _____

Phone: _____ Relationship/Title: _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

CURRENT EMPLOYER: NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)
AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulator mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)
AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulator mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)
AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? **Yes No**
Was the previous job position designated as a safety sensitive function in any DOT regulator mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **Yes No**

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.