

# Commercial driver application 391.21

Date: \_\_\_\_\_

Name (print): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Please list all addresses from the past three years.

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

## Please provide driver's license information for all licenses held in the past three years.

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

## Experience:

Type of vehicle driven: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Approximate miles driven: \_\_\_\_\_

Type of vehicle driven: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Approximate miles driven: \_\_\_\_\_

Type of vehicle driven: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_ Approximate miles driven: \_\_\_\_\_



**Please list all accidents in the past three years. If none, write NONE.**

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

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Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

**Please list all traffic violation convictions in the past three years. If none, write NONE.**

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ CMV: Yes / No

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Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ CMV: Yes / No

**Have you ever had a driver’s license denied, suspended, revoked, or canceled by any issuing agency?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list state of issuance and explanation: State: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Have you ever been convicted of a felony?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date and nature of offense: Date: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

**Have you ever served in the Armed Forces?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, did you receive an honorable discharge?

\_\_\_\_\_

**Are you a U.S. citizen?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If foreign national, do you have a green card?

\_\_\_\_\_

**List states operated in for at least the past three years:**

\_\_\_\_\_



Please list your employment history for the last 10 years. Account for any gaps in employment.

1. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Were you subject to FMCSA Regulations during this period?  Yes  No  
Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Were you subject to FMCSA regulations during this period?  Yes  No  
Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Were you subject to FMCSA regulations during this period?  Yes  No  
Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Were you subject to FMCSA regulations during this period?  Yes  No  
Were you subject to 49 CFR Part 40 controlled substance/alcohol testing during this period?  Yes  No  
Reason for leaving: \_\_\_\_\_

**INSERT ADDITIONAL PAGE IF YOU HAVE MORE THAN 4 EMPLOYERS TO LIST**

**For driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL), the applicant must disclose their controlled substance and alcohol status per the requirements of Federal DOT.**



As a prospective driver, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for previous employer(s) to re-send the information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation (DOT)-regulated employment history in the preceding three years, and wish to review the information provided by the previous employer(s), must submit a written request to the prospective employer. This may be done at any time, including when applying for the position, up to 30 days after being employed or when notified of denial of employment.

The prospective employer must provide this information to the applicant within five 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 day deadlines 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 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

#### **CERTIFICATION**

I certify 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.

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*Applicant's signature*

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*Date signed*

**THIS SECTION TO BE COMPLETED BY THE EMPLOYER**

Application received by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Application reviewed for completeness by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE**

Date of hire: \_\_\_\_\_

Time and date of pre-employment drug screen: \_\_\_\_\_

Time and date of pre-employment drug screen results received: \_\_\_\_\_

Date first used in safety-sensitive position: \_\_\_\_\_

Date of termination: \_\_\_\_\_