

Performance Trucking Application for Employment

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:	SSN:
Address:	DOB:
City, State, Zip	Phone:
Time at this Address:	Email:

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS:			
Street	City	State/Zip	How Long

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

List all CDL Endorsements:

LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES	
Type of Vehicle or Combination	Experience (mos. / yrs.)

LIST ALL CONVICTED VIOLATIONS (other than parking) IN THE LAST 3 YEARS

Date	City/State	Charge	Penalty

Please detail the facts and circumstances of any denial, disqualification 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/wage:	
Company Contact:	Reason for Leaving:	
Phone:		
<input type="checkbox"/> Yes	Were you subject to “Safety Sensitive” Drug & 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/wage:	
Company Contact:	Reason for Leaving:	
Phone:		
<input type="checkbox"/> Yes Were you subject to "Safety Sensitive" Drug & 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/wage:	
Company Contact:	Reason for Leaving:	
Phone:		
<input type="checkbox"/> Yes Were you subject to "Safety Sensitive" Drug & 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/wage:	
Company Contact:	Reason for Leaving:	
Phone:		
<input type="checkbox"/> Yes Were you subject to "Safety Sensitive" Drug & 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/wage:	
Company Contact:	Reason for Leaving:	
Phone:		
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Employer Name:	From:	To:
Address:	Position:	
	Salary/wage:	
Company Contact:	Reason for Leaving:	
Phone:		
<input type="checkbox"/> Yes	Were you subject to "Safety Sensitive" Drug & 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:		
<input type="checkbox"/> Terminated	<input type="checkbox"/> Self-Terminated	<input type="checkbox"/> Other
Date:	Reason:	