



Driver Application

DRIVER NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

In compliance with all applicable State and Federal equal opportunity laws, all qualified applicants will be considered for employment regardless of any projected group status including but not limited to: age, race, color, national origin, sex, veteran status, marital status, or non-job-related disability.

I authorize you to make such investigations and inquiries of my personal, employment, financial; or medical history and other related matters as may be necessary in arriving at employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)! 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 on 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 a 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 employees) and I cannot agree on the accuracy of the information.

Initial _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained for employment purposes, in accordance with Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), These reports are required by Sections 382.413,391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

Social Security Number _____

Initial _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize the company i am applying for a Commercial Motor Vehicle Driving Position to request from their vendor that supplies the Motor Vehicle Abstracts from either the State I reside in, or a third party vendor, in accordance with all applicable Local, State, and Federal requirements to order and review my Motor Vehicle Abstract as part of the Employment decision making process. I also understand that a copy of said Motor Vehicle Abstract shall be provided to me upon written request, and that I will be able to contest any documentation on this Motor Vehicle Abstract that I feel may be listed in error.

Commercial Driver's License Number

State That Issued the CDL

Initial _____

By signing below, applicant consents to employer obtaining all information requested on this page and entire application.

Authorizing Signature

Date

APPLICANT TO COMPLETE

Name _____
Last First Middle Maiden, if any

Social Security Number _____ Date of Birth _____ Phone Number _____

List previous three years of residency.

Current Address

_____ Street _____ City, State, Zip _____ How Long?

Previous Addresses

_____ Street _____ City, State, Zip _____ How Long?

_____ Street _____ City, State, Zip _____ How Long?

_____ Street _____ City, State, Zip _____ How Long?

Do you have the legal right to work in the United States? _____

Have you worked for Chapp & Bushey Oil Co. before? _____ If yes, where? _____ Dates: From _____ to _____

Rate of Pay _____ Reason for leaving? _____

ALL LICENSES AND PERMITS FOR THE PRECEDING THREE YEARS

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

I certify that I do not hold more than one license.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR THE PAST THREE YEARS

Dates	Nature of Accident (Head on, Rear end, Upset etc.)	Number Fatalities	Number Injuries	Hazardous Material Spill
				Yes No
				Yes No
				Yes No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS

Date Convicted (Month/year)	Location Violation Occurred (State)	Violation	Penalty (forfeited bond, collateral and or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____
If yes, explain _____

DRIVING EXPERIANCE

CLASS OF EQUIPMENT (circle all that apply)		TYPE OF EQUIPMENT (circle all that apply)	DATES From: m/y To: m/y		APPROXIMATE NO. MILES (total)
Straight Truck	Yes No	Van. Tank. Flat, Dump, Refer			
Tractor Trailer	Yes No	Van, Tank, Flat, Dump, Refer			
Tractor Two Trailers	Yes No	Van. Tank, Hat, Dump, Refer			
Tractor Three Trailers	Yes No	Van, Tank, Hat, Dump. Refer			
Motor Coach - School Bus	Yes No	More than 8 passengers			
Motor Coach - School Bus	Yes No	More than 15 passengers			

List the states you have operated in for the lasts five years _____

Do you have any special training? _____

Have you received any safe driving awards? _____ If yes, please list _____

EMPLOYMENT HISTORY

Applicants that desire to operate in intrastate/interstate commerce must provide the following information on all employers during the preceding three years. For any and all employers you have driven a commercial motor vehicle for in the seven years prior to the initial three years you must provide the same information for a total of 10 years of history.

YOU MUST EXPLAIN ANY GAPS IN EMPLOYMENT.

EMPLOYER INFORMATION				DATES	
Employer name:				From	To
Address					
City	State	Zip	Reason for leaving		
Supervisor		Phone			
Were you subjected to Federal Motor Carrier safety Regulations (FMCSR'SI)? Yes No				Position	Salary
Was the previous position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substance testing required by 49 CFR, part 40? Yes No					

EMPLOYER INFORMATION				DATES	
Employer name:				From	To
Address					
City	State	Zip	Reason for leaving		
Supervisor		Phone			
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EMPLOYER INFORMATION				DATES	
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EMPLOYER INFORMATION			DATES	
Employer name:			From	To
Address				
City	State	Zip	Reason for leaving	
Supervisor		Phone		
Were you subjected to Federal Motor Carrier safety Regulations (FMCSR'SI)? Yes			No	
Was the previous position designated as a safety sensitive function in any DOT regulated mode, subjected to alcohol and controlled substance testing required by 49 CFR, part 40?			Yes	No
			Position	Salary

LIST ANY GAPS IN EMPLOYMENT HERE: DATES AND EXPLANATION

OTHER QUALIFICATIONS

Do you have any additional experience that may help you perform the work for this company? _____

List any equipment or technical experience other than what is already listed _____

EDUCATION

Highest Education Level Completed: (Please circle one)
 High School/GED Associates Degree Bachelor Degree Master Degree

Last School Attended _____ City/State _____

List any other skills, licenses or education not listed above _____

TO BE READ AND SIGNED BY APPLICANT

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

Applicants Signature

Date