



APPLICATION FOR CLASS A CDL DRIVING POSITION

APPLICANT INFORMATION

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt./Unit # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail address: _____

Date Available: _____ Social Security No. _____ Desired Salary: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

DRIVER EXPERIENCE AND QUALIFICATIONS ANSWER ALL QUESTIONS COMPLETELY

Licenses and Failed Test Information

Drivers Licenses held in the past 3 years must be shown	State	License #	Class	Endorsement(s)	Expiration Date

40.25(j) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug/alcohol testing rules during the past 2 years? Yes No

If answered "yes" to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered yes to any of the above questions explain your answer on the reverse side of this page.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tanker, flat, reefer, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor/Trailer				
Doubles/Triples				
Bus				

ACCIDENT REVIEW FOR THE PAST 3 YEARS (write on back if more space is needed)

Nature of Accident (Head-on, Rear-end, Overturn, Backing, Etc.)	Fatalities	Injuries	Date
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EDUCATION

High School _____ Address _____

From _____ To _____ Did you graduate? [] Yes [] No Degree: _____

College _____ Address _____

From _____ To _____ Did you graduate? [] Yes [] No Degree: _____

Other _____ Address _____

From _____ To _____ Did you graduate? [] Yes [] No Degree: _____

EMPLOYMENT HISTORY INFORMATION (10 years)

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? [] Yes [] No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? [] Yes [] No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? [] Yes [] No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? [] Yes [] No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

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Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

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Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

Company: _____ Supervisor: _____

Address: _____ Phone # _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (391.21) while employed with this previous employer? Yes No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? Yes No

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer and for that previous employer to re-send the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

This certifies 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.

Date

Applicant Signature

Applicant must read and sign the above.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 – TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last Social Security Number

Hereby authorize:

Previous Employer _____ Email _____

Street _____ Telephone _____

City, State, Zip _____ Fax No. _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:

Prospective Employer: Boston Mountain Solid Waste District
Attn: Sandra Smith
11398 Bond Rd.
Prairie Grove, AR 72753

Telephone: 479-846-3005
Email: ssmith@bmswd.com
Fax: 479-846-4614

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email or letter.

Applicant's Signature Date

SECTION 2 – TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY