



Commercial Driver Application
(Fill in ALL blanks and provide ALL information requested)

PART ONE

Date: _____
Name: First _____ Middle _____ Last _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell Phone: _____
Email: _____
Date of Birth: _____ Social Security #: _____ - _____ - _____

PART TWO

***If your above address is less than 3 years continue listing them below to cover the previous 3 year period.**

1. Street: _____ Dates: From _____ To _____
City: _____ State: _____ Zip: _____
2. Street: _____ Dates: From _____ To _____
City: _____ State: _____ Zip: _____
3. Street: _____ Dates: From _____ To _____
City: _____ State: _____ Zip: _____

PART THREE

***Driver's License Information: all licenses held, last three years**

State: _____ Number: _____ EXP. Date: _____
State: _____ Number: _____ EXP. Date: _____
State: _____ Number: _____ EXP. Date: _____

***Experience**

Type of vehicle driven _____ Dates: _____ To _____
Approximate Mileage _____
Type of vehicle driven _____ Dates: _____ To _____

Approximate Mileage _____

Type of vehicle driven _____ Dates: _____ To _____

Approximate Mileage _____

PART FOUR

***Please list ALL accidents, last three years (If none, write NONE)**

Date: _____ Describe: _____

Fatalities _____ Injuries _____

Date: _____ Describe: _____

Fatalities _____ Injuries _____

Date: _____ Describe: _____

Fatalities _____ Injuries _____

***List ALL Traffic Violations Convictions, last three years (If none, write NONE)**

Date: _____ Violation: _____ State: _____

Commercial Vehicle: YES or NO

Date: _____ Violation: _____ State: _____

Commercial Vehicle: YES or NO

Date: _____ Violation: _____ State: _____

Commercial Vehicle: YES or NO

Date: _____ Violation: _____ State: _____

Commercial Vehicle: YES or NO

Date: _____ Violation: _____ State: _____

Commercial Vehicle: YES or NO

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

YES or NO If yes, state of issuance, explanation: _____

PART FIVE

***Employment History- last 10 years (383.35) account for gaps between employers (If owner/operator, list carries leased to)**

1. Employer: _____ Dates: _____ TO _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES or NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? YES or NO

Reason for leaving: _____

2. Employer: _____ Dates: _____ TO _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES or NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? YES or NO

Reason for leaving: _____

3. Employer: _____ Dates: _____ TO _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES or NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? YES or NO

Reason for leaving: _____

4. Employer: _____ Dates: _____ TO _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES or NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? YES or NO

Reason for leaving: _____

5. Employer: _____ Dates: _____ TO _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES or NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? YES or NO

Reason for leaving: _____

6. Employer: _____ Dates: _____ TO _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations? YES or NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? YES or NO

Reason for leaving: _____

*****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 49 CFR part 40.25(j).**

As a prospective driver employee, 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 that previous employer(s) to resend the correct information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified or denial of employment. The prospective employer must provide this information to the applicant within five (5) 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 (5) 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 thirty (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.

Applicant Signature: _____ Date: _____

(Below to be completed by Employer:)

Application received by: _____

Title: _____ Date: _____

Application reviewed by: _____

Title: _____ Date: _____

Email to: ashleyt@peoriacharter.com