



• PO Box 9749, Austin, Texas 78766 • 512-288-7300 •

EMPLOYMENT APPLICATION FOR DOT REGULATED POSITIONS

Leave no question blank. Answer each inquiry or mark with "N/A" or "none" as appropriate.

Name _____ SSN: _____ Date: _____

Phone #: _____ Email: _____ Date of Birth: _____

Address(es) for past three years

_____ From _____ To _____
No. & Street City State Zip

_____ From _____ To _____
No. & Street City State Zip

_____ From _____ To _____
No. & Street City State Zip

Provide your unexpired motor vehicle operator's license or permit information and endorsement(s)

State _____ License No. _____ Expiration Date _____ License Class: _____ Endorsements: _____

List State and DL# for any other driver licenses held in the previous three (3) years.

1. State _____ License No. _____ Expiration Date _____

2. State _____ License No. _____ Expiration Date _____

When were you issued your first CDL? _____ (Answer N/A if non-CDL driver to this & question below)
(Date)

What was your first year of employment that required you to use a CDL license? _____ (Date)

Motor Vehicle Violations (other than parking) resulting in conviction, bond or collateral forfeiture (3 years prior to application date)

1. _____
2. _____
3. _____

State in detail all facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle. Must initial below if "none or n/a" answered above.

 (Initials) No denial, revocation or suspension has occurred.

Vehicle accident history (3 years prior to application date)

1.	_____	_____	_____	_____
	Date	Nature of accident	Fatalities? (Y/N)	Injuries? (Y/N)
2.	_____	_____	_____	_____
	Date	Nature of accident	Fatalities? (Y/N)	Injuries? (Y/N)
3.	_____	_____	_____	_____
	Date	Nature of accident	Fatalities? (Y/N)	Injuries? (Y/N)

Operating experience with motor vehicles

1.	_____	_____	_____
	Type of vehicle/equipment operated	Dates (from-To)	Approximate Total Miles
2.	_____	_____	_____
	Type of vehicle/equipment operated	Dates (from-To)	Approximate Total Miles
3.	_____	_____	_____
	Type of vehicle/equipment operated	Dates (from-To)	Approximate Total Miles
4.	_____	_____	_____
	Type of vehicle/equipment operated	Dates (from-To)	Approximate Total Miles
5.	_____	_____	_____
	Type of vehicle/equipment operated	Dates (from-To)	Approximate Total Miles

Previous 10 years employment history; use additional page if necessary. If self-employed, list registered business name.

1.	_____	_____	_____	_____	_____
	Employer	Address	Phone	Fax	Email
	_____		_____		
	Job Title	Dates (from-to)			
	Was this job DOT regulated? Yes _____ No _____				
	Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing? Yes _____ No _____				

Account for period between jobs (include dates and reason) _____

2.

Employer Address Phone Fax Email

Job Title Dates (from-to)

Was this job DOT regulated? Yes _____ No _____
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing?
Yes _____ No _____

Account for period between jobs (include dates and reason) _____

3.

Employer Address Phone Fax Email

Job Title Dates (from-to)

Was this job DOT regulated? Yes _____ No _____
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing?
Yes _____ No _____

Account for period between jobs (include dates and reason) _____

4.

Employer Address Phone Fax Email

Job Title Dates (from-to)

Was this job DOT regulated? Yes _____ No _____
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing?
Yes _____ No _____

Account for period between jobs (include dates and reason) _____

5.

Employer Address Phone Fax Email

Job Title Dates (from-to)

Was this job DOT regulated? Yes _____ No _____
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing?
Yes _____ No _____

Account for period between jobs (include dates and reason) _____

6.

Employer Address Phone Fax Email

Job Title Dates (from-to)

Was this job DOT regulated? Yes _____ No _____
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing?
Yes _____ No _____

Account for period between jobs (include dates and reason) _____

7. _____

Employer	Address	Phone	Fax	Email

Job Title		Dates (from-to)		

Was this job DOT regulated? Yes _____ No _____				
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing? Yes _____ No _____				
Account for period between jobs (include dates and reason) _____				

8. _____

Employer	Address	Phone	Fax	Email

Job Title		Dates (from-to)		

Was this job DOT regulated? Yes _____ No _____				
Was job designated as a safety sensitive function subject to USDOT Alcohol & controlled substances testing? Yes _____ No _____				
Account for period between jobs (include dates and reason) _____				

Employee Physical Qualification: Pursuant to 49 CFR Sections 391.41 please respond to the following questions:

- Do you have a condition that requires a medical waiver or a Skills Performance Evaluation Certificate?
Check one Yes No
- If yes checked in question 1, I have provided a valid:
Check the box (es) that apply: State Issued Waiver Federal Issued Waiver SPE certificate

Employee Drug and Alcohol Statement: Pursuant to 49 CFR Sections 391.23 and 40.25 please respond to the following questions:

- Have you tested positive, or refused to test, on any drug or alcohol test administered under DOT agency drug and alcohol testing rules during the past three years?
Check one Yes No
- 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 the DOT agency drug and alcohol testing rules during the past two years?
Check one Yes No
- If yes answered to questions 3 and/or 4 above, can you obtain/provide proof that you have:
Check all that apply: Been evaluated and released to perform DOT Safety Sensitive Functions by an SAP
 Successfully completed the DOT return to duty testing requirements
 Successfully completed the DOT follow-up testing requirements

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. I also understand that the information provided in this application may be used, and my prior employers may be contacted as required by the Federal Motor Carrier Safety Regulations. Pursuant to paragraphs 391.23 (d) and (e), I am aware that I have rights to request in writing access to review or correct any erroneous investigative information provided from a previous employer.

(Date)

(Applicant's signature)