

# DRIVERS EMPLOYMENT APPLICATION

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status

## TO BE READ AND SIGNED BY APPLICANT

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 an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I 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 in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of NOVA Carriers.

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 the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers you re-send the corrected information to the prospective employer.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR COMPANY USE BELOW THIS POINT – APPLICANT PLEASE PROCEED TO PAGE 2

APPLICANT HIRED

DATE EMPLOYED \_\_\_\_\_

APPLICANT NOT HIRED

CLASSIFICATION \_\_\_\_\_

TERMINATION DATE \_\_\_\_\_

ELIGIBLE FOR RE-HIRE?

YES

NO

TERMINATION ON FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**  
answer all questions – please print

Position Applied for: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No \_\_\_\_\_

**LIST YOUR ADDRESSES FOR THE PAST 3 YEARS**

Current Address \_\_\_\_\_  
Street City

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr/mo

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code

How Long? \_\_\_\_\_  
yr/mo

\_\_\_\_\_ Street City State & Zip Code

How Long? \_\_\_\_\_  
yr/mo

\_\_\_\_\_ Street City State & Zip Code

How Long? \_\_\_\_\_  
yr/mo

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
Required for Commercial Drivers

Have you worked for this company before? \_\_\_\_\_ Which Location? \_\_\_\_\_

Dates: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving your last employer? \_\_\_\_\_

How did you hear of us? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Is there any reason you might be unable to perform the function of the job for which you have applied, as described in the attached job description?  YES  NO

If yes, please explain

**EMPLOYMENT HISTORY**

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years information on those employers for whom the applicant operated such vehicle.

**LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE YOUR CURRENT, OR MOST RECENT EMPLOYER FIRST**

| EMPLOYER  |  | DATE               |    |
|---|--|--------------------|----|
| NAME OF COMPANY   |  | FROM<br>MO         | YR |
| ADDRESS   |  | TO<br>MO           | YR |
| CITY  |  | POSITION           |    |
| CONTACT PERSON  |  | SALARY/WAGE        |    |
| WERE YOU SUBJECT TO FMCSR REGULATIONS   | <input type="checkbox"/> YES <input type="checkbox"/> NO | REASON FOR LEAVING |    |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                    |    |

## EMPLOYMENT HISTORY (continued)

| EMPLOYER  | DATE               |    |          |    |
|---|--------------------|----|----------|----|
| NAME OF COMPANY   | FROM<br>MO         | YR | TO<br>MO | YR |
| ADDRESS   | POSITION           |    |          |    |
| CITY  | SALARY/WAGE        |    |          |    |
| CONTACT PERSON  | REASON FOR LEAVING |    |          |    |
| WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO  |                    |    |          |    |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |    |          |    |

| EMPLOYER  | DATE               |    |          |    |
|---|--------------------|----|----------|----|
| NAME OF COMPANY   | FROM<br>MO         | YR | TO<br>MO | YR |
| ADDRESS   | POSITION           |    |          |    |
| CITY  | SALARY/WAGE        |    |          |    |
| CONTACT PERSON  | REASON FOR LEAVING |    |          |    |
| WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO  |                    |    |          |    |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |    |          |    |

| EMPLOYER  | DATE               |    |          |    |
|---|--------------------|----|----------|----|
| NAME OF COMPANY   | FROM<br>MO         | YR | TO<br>MO | YR |
| ADDRESS   | POSITION           |    |          |    |
| CITY  | SALARY/WAGE        |    |          |    |
| CONTACT PERSON  | REASON FOR LEAVING |    |          |    |
| WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO  |                    |    |          |    |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |    |          |    |

| EMPLOYER  | DATE               |    |          |    |
|---|--------------------|----|----------|----|
| NAME OF COMPANY   | FROM<br>MO         | YR | TO<br>MO | YR |
| ADDRESS   | POSITION           |    |          |    |
| CITY  | SALARY/WAGE        |    |          |    |
| CONTACT PERSON  | REASON FOR LEAVING |    |          |    |
| WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO  |                    |    |          |    |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |    |          |    |

| EMPLOYER  | DATE               |    |          |    |
|---|--------------------|----|----------|----|
| NAME OF COMPANY   | FROM<br>MO         | YR | TO<br>MO | YR |
| ADDRESS   | POSITION           |    |          |    |
| CITY  | SALARY/WAGE        |    |          |    |
| CONTACT PERSON  | REASON FOR LEAVING |    |          |    |
| WERE YOU SUBJECT TO FMCSR REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO  |                    |    |          |    |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |    |          |    |

Commercial vehicles include those having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver, or any size vehicle used to transport hazardous materials in a quantity requiring placarding).

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1. weighs or has a GVWR of 10,001 pounds or more, 2. is designed or used to transport more than 8 passengers (including the driver), or 3. is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS - BOTH ON DUTY AND OFF DUTY

| DATES | INJURIES | FATALITIES | AT FAULT | NATURE OF ACCIDENT<br>(backing, head-on, etc) |
|-------|----------|------------|----------|---|
|       |          |            |          |   |
|       |          |            |          |   |
|       |          |            |          |   |

TRAFFIC CONVICTIONS DURING THE PAST 3 YEARS – BOTH ON DUTY AND OFF DUTY

| INFRACTION | DATE | PENALTY | LOCATION |
|------------|------|---------|----------|
|            |      |         |          |
|            |      |         |          |
|            |      |         |          |

DRIVER LICENSE OR PERMITS HELD TH THE PAST 7 YEARS

| STATE | LICENSE NO. | CLASS | ENDORSEMENTS | EXPIRATION DATE |
|-------|-------------|-------|--------------|-----------------|
|       |             |       |              |                 |
|       |             |       |              |                 |
|       |             |       |              |                 |
|       |             |       |              |                 |

Have you ever been denied a license, or had a license or permit suspended or revoked?  YES  NO

If yes, please explain \_\_\_\_\_

DRIVING EXPERIENCE – CHECK YES OR NO

| CLASS OF EQUIPMENT   | TYPE OF EQUIPMENT<br>(circle one) | DATE FROM<br>MO/YR | DATE TO<br>MO/YR | APPROXIMATE MILES<br>DRIVEN (TOTAL) |
|--|-----------------------------------|--------------------|------------------|-------------------------------------|
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO                | VAN TANK FLAT                     | /                  | /                |                                     |
| TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO        | VAN TANK FLAT                     | /                  | /                |                                     |
| TRACTOR & TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO             | VAN TANK FLAT                     | /                  | /                |                                     |
| MOTORCOACH (less than 8 pass) <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN TANK FLAT                     | /                  | /                |                                     |
| MOTORCOACH (more than 8 pass) <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN TANK FLAT                     | /                  | /                |                                     |
| PARA TRANSIT, NEMT, EMT <input type="checkbox"/> YES <input type="checkbox"/> NO       | VAN TANK FLAT                     | /                  | /                |                                     |
| OTHER: <input type="checkbox"/> YES <input type="checkbox"/> NO                        | VAN TANK FLAT                     | /                  | /                |                                     |

LIST ANY OTHER DRIVING RELATED COURSES AND TRAINING OR AWARDS THAT YOU HAVE RECEIVED THAT YOU HAVE NOT LISTED ELSEWHERE ON THIS APPLICATION.

\_\_\_\_\_

LIST ANY SPECIAL SKILLS OR TALENTS THAT YOU HAVE ACQUIRED, **OTHER THAN DRIVING**, THAT YOU HAVE NOT LISTED ELSEWHERE ON THIS APPLICATION. FOR EXAMPLE: COMPUTER SKILLS, TELEPHONE SKILLS, BOOKKEEPING AND TYPING SKILLS ETC. THIS SECTION IS WHERE YOU WOULD ALSO LIST ANY MECHANICAL ABILITIES OR SALES APTITUDE.

\_\_\_\_\_

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4  
 LAST SCHOOL ATTENDED \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_