



CDL Driver Employment Application

Complete all questions in full. If a question does not apply write N/A. Attach additional sheets if needed.

APPLICANT INFORMATION

Name (First, Middle, Last):					Date of Birth:			
Cell Phone:			Home Phone:			Social Security Number:		
List addresses for prior 3 years							How Long?	
Street Address			City		State	Zip Code	Years	Months
Current Address:								
Previous Address:								
Previous Address:								
Position Applied For:			How did you hear about Bailey?:					
Do you have the legal right to work in the United States?:				YES or NO		Date Available for Work:		
Are you available to work (Circle all that apply): Days Nights Weekends Full-Time Part-Time								
Have you ever been discharged or asked to resign from a job?: YES or NO If yes, please explain.								

EMPLOYMENT HISTORY

- The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list **ALL EMPLOYMENT** for the last three (3) years.
- In addition, **IF YOU HAVE DRIVEN A COMMERCIAL VEHICLE PREVIOUSLY**, you must provide that employment history for an additional seven (7) years for a total of ten (10) years. Attach separate sheet if necessary.
- Start with your most recent position, including any military experience, and work backwards.
- You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions for each employer.

ANY GAPS IN EMPLOYMENT IN EXCESS OF THIRTY DAYS AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Current Employer Name:					Position Held:			Start Date:			
Street Address:				Phone:			End Date:				
City:			State:			Zip Code:			Salary:		
May we contact your current employer prior to hiring?:				YES or NO		Why are you leaving?:					
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:								YES or NO			
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:								YES or NO			
Previous Employer Name:					Position Held:			Start Date:			
Street Address:				Phone:			End Date:				
City:			State:			Zip Code:			Salary:		
Reason for leaving:											
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:								YES or NO			
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:								YES or NO			

Previous Employer Name:		Position Held:		Start Date:	
Street Address:		Phone:		End Date:	
City:		State:		Zip Code:	
Reason for leaving:					
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:				YES or NO	
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:				YES or NO	
Previous Employer Name:		Position Held:		Start Date:	
Street Address:		Phone:		End Date:	
City:		State:		Zip Code:	
Reason for leaving:					
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:				YES or NO	
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:				YES or NO	
Previous Employer Name:		Position Held:		Start Date:	
Street Address:		Phone:		End Date:	
City:		State:		Zip Code:	
Reason for leaving:					
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:				YES or NO	
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:				YES or NO	
Previous Employer Name:		Position Held:		Start Date:	
Street Address:		Phone:		End Date:	
City:		State:		Zip Code:	
Reason for leaving:					
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:				YES or NO	
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:				YES or NO	
Previous Employer Name:		Position Held:		Start Date:	
Street Address:		Phone:		End Date:	
City:		State:		Zip Code:	
Reason for leaving:					
While employed here, were you subject to Federal Motor Carrier Safety Regulations (FMCSRs)?:				YES or NO	
Was the job designated as a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?:				YES or NO	

EDUCATION, LICENSES, & TRAINING

Type	School Name	Years Completed				Graduated
High School:		9th	10th	11th	12th	YES or NO
College:		1	2	3	4	YES or NO
Trade/Other:						YES or NO

Describe any training, not shown elsewhere, that can help you with this job.

Describe any safe driving and attendance awards you have received and from whom.

Is there any reason you might be unable to perform the functions of the job for which you are applying with or without accomodation? YES or NO

List all Driver's Licenses and Permits held in the Past Three (3) years

State	License #	Class	Endorsements	Expiration Date	Active

List all states you operated in using your CDL license for the last three (3) years.

Class of Equipment	Type of Equipment	Manual (Y or N)	Automatic (Y or N)	Date From (mm/yy)	Date To (mm/yy)	Approximate Total # of Miles
Straight Truck	Van Tank Flat Dump Reefer					
Tractor & Semi Trailer	Van Tank Flat Dump Reefer					
Tractor & Two Trailers	Van Tank Flat Dump Reefer					
Other	Van Tank Flat Dump Reefer					

List any equipment or technical materials, not shown elsewhere, that you can work with.

VIOLATIONS & ACCIDENTS

List all Accidents in the Past Three (3) Years

	Date	Nature of Accident (Head On, Rear End, Rollover, etc.); City & State	# of Fatalities	# of Injuries	Hazardous Material Spill
Most Recent					
Next Previous					
Next Previous					
Next Previous					
Next Previous					

List all Traffic Convictions and Suspension in the Past Three (3) Years (Excluding Parking Violations)

Location	Date	Charge	Penalty

In the past five years, have you had a license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended?:	YES or NO
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If yes, Please explain.

In the past five years, have you been convicted or been on probation for a DWI, DUI, OWI, OUI?:	YES or NO
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If yes, Please explain.

ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

Within the last two (2) years, have you ever 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?	YES or NO
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Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?	YES or NO
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NOTICE TO ALL APPLICANTS

The Company may use the information contained in this application and will contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations 49 CFR 391.23 (d) and (3). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to The Company by your previous employer(s):

- 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 and for that previous employer to re-send the corrected information to the prospective employer;
- You have the right to have a rebuttal statement attached to the alleged erroneous information, if the you and your previous employer cannot agree on the accuracy of the information.

CERTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION. Questions regarding this statement should be directed to any employment interviewer before signing.

- I understand this application will be given every consideration, but its receipt does not imply that I will be employed.
- I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such a change in writing.
- If hired, I agree to abide by all of the company rules and regulations.
- I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Applicant Signature: _____

Date: _____

FOR COMPANY USE ONLY

Position Hired For: _____

Date Hired: _____

Status: Full-Time Part-Time Seasonal

Location: _____

Start Date: _____