



**GENERAL**

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes  No

B. Has any license, permit, or privilege been suspended or revoked?

Yes  No

C. Have you ever been arrested for driving while intoxicated?

Yes  No

D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof?

Yes  No

E. Have you ever been convicted of a criminal offense?

(a conviction will not necessarily disqualify you from employment)

Yes  No

F. Have you ever used any illegal drugs (including marijuana)?

If yes, when was the last time? \_\_\_\_\_  Yes  No

If yes to any of the above questions, state circumstances and dates: \_\_\_\_\_

The Company will make reasonable accommodations to place smokers with smokers and non-smokers with non-smokers. Do you smoke? \_\_\_\_\_

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. FMCSR 391.21 (b) (10)(11). Applicants must list all full and part time employment including military service, self-employment, and periods of unemployment. Start with last or current employer. Use additional sheet of paper if required.

**LAST/CURRENT EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

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

**PREVIOUS EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

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

**PREVIOUS EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

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

**PREVIOUS EMPLOYER**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Supervisor \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Position Held \_\_\_\_\_

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

**USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY**



## Gap In Employment

Date: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Dates of Gap : From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for Gap: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver Signature: \_\_\_\_\_

**DRIVING EXPERIENCE**

**TYPES OF EQUIPMENT DRIVEN:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/TWO PUPS				
OTHER				

**LICENSES:** LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE YEARS (NOTE: a copy of your valid drivers license or CDL must be attached)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

**MOVING TRAFFIC CONVICTIONS & FORFEITURES:** LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

DATE	LOCATION (STATE)	CHARGE	PENALTY

**ACCIDENT RECORD:** LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

LIST ALL COMMERCIAL & PERSONAL PREVENTABLE AND NON-PREVENTABLE ACCIDENTS - INCLUDING PROPERTY DAMAGE.

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF DAMAGE

LIST STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE (5) YEARS:

**REFERENCE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of any material fact on this pre-application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby authorize any law enforcement agency or court to furnish information concerning Motor Vehicle Record or felony or misdemeanor convictions.

I hereby agree to submit to binding arbitration in all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are not other agreements as to dispute resolution, either oral or written.

I hereby agree to submit to an Alcohol and Controlled Substance Testing/Screening for pre-employment medical qualification and thereafter as warranted by Company policy and Federal regulations.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between me and the Company. I further understand and acknowledge that my employment relationship is of an "at-will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause or advance notice. It is further understood that this "at-will" employment relationship may not be changed by any verbal or other conduct unless such change is specifically acknowledged in writing by Owen or Alan White. I further acknowledge that no specific promises relating to a condition of employment have been made to me. No promises or representations contrary to the specific provisions of this paragraph are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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.

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

(NOTICE: Under 49CFR 391.23, failure to provide the required information will be reported to the US DOT (FMCSA) as per 49CFR 386.12)

Prospective Employer: C. White and Son Inc

Phone# 860-529-7246

Address: 30 Evans Road Rocky Hill, Conn. 06067

Fax # 860-529-8744

Name of Driver Applicant: \_\_\_\_\_

S.S. # \_\_\_\_\_

D.O.B. \_\_\_\_\_ CDL Lic.# \_\_\_\_\_

State: \_\_\_\_\_

I authorize the release of the information required in 49 CFR 40.331, 382.413, 391.23 and other applicable rules and regulations. I acknowledge, that I have the right to due process as identified in 49 CFR 391.23 to review, dispute or to have corrected the information submitted under this authorization.

Driver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information being requested from the following company is done so, as this company has been identified by the above applicant as a previous Dept. Of Transportation Regulated Employer. (49 CFR 391.23 (a) (2))

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) Contacted: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Dept: \_\_\_\_\_

**Safety Performance History**

*Please provide the following information on the applicant listed above:*

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_

Type of motor vehicle operated: ( Check all that apply )

Straight truck  Tractor with semi trailer  Tank  Dump  Other  Explain: \_\_\_\_\_

Reason Driver Left: Resigned  Discharged  Lay Off  Military Duty  Unknown

Explanation: \_\_\_\_\_

**DOT Recordable Accident History**

Was the driver involved in any DOT Recordable Accident while employed during the previous 3 years? Yes  No

If yes, provide the following data elements for each as required by 49 CFR 390.15 (b) (1)

Date	City, Town, State	Injuries	Fatalities	Vehicles Towed	U/A	Y or N
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Drug and Alcohol Information**

If the applicant performed Safety Sensitive Functions, provide data for each of the following:

Did this applicant violate the Alcohol and Controlled Substance prohibitions in Subpart B of 49 CFR Part 382 or Part 40? Yes  No

Did this applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49 CFR 382.605? Yes  No

If this applicant successfully completed a SAP's rehabilitation referral and remained within your employment, You must provide the following additional data:

Were applicants test results 0.04 or higher? Yes  No

Verified Positive Drug Test? Yes  No

Refused to test ( Including a verified adulterated or substituted drug test results)? Yes  No

Providers Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_