



Driver's Application For Employment

OFFICE USE ONLY
 Drug Test ___/___/___
 Physical ___/___/___
 Back Eval ___/___/___
 Road Test ___/___/___

Personal Information

Last	First	MI	
Street Address	City	State	Zip Code
How long?			
Date of Birth:	Social Security Number:	Home Phone:	Cell Phone:
Email			

Previous 3 Years Residency (most recent first):

Street Address	City	State	Zip Code	How long?
Street Address	City	State	Zip Code	How long?
Street Address	City	State	Zip Code	How long?

Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about this position?	
What position are you applying for?		Are you able to obtain a TWIC Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Available to Start Work:	Work Availability:
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please indicate when and position held:
Do you have any relative employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please state names:

Driver's License History

Section 383.21 FMSCR states " No person who operates a commerical motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate No. of Total Miles
Straight Truck		From _____ To _____	
Tractor and Semi-Trailer		From _____ To _____	
Twin Trailers		From _____ To _____	
Other		From _____ To _____	

Accident Record for Past 3 Years or More (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)

Date Conviction	Violation	Location	Penalty/Fine \$ Amount (forfeited bond, collateral and/or points)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, explain: _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, explain: _____
- C. Have you ever been disqualified for violations of any Federal Motor Carrier Safety Regulation? Yes No
 If yes, explain: _____

Employment Record

The U.S. Department of Transportation requires that driver applicants that desire to drive in interstate/intrastate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (Total of 10 years employment record) 391.21(b) (10)(11)

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes No

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year		
	Describe the work you did:					
Telephone:						

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes No

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Telephone:						

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Telephone:						

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Was your job designated as a safety-sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes No

Other Experience and Qualifications

A. Date of last Department of Transportation prescribed physical examination: _____

B. List state(S) operated in during the last five (5) years: _____

C. Show any other trucking, transportation or other experience that may help in your work for this company: _____

D. List courses and training other than shown elsewhere on this application that will help you as a driver: _____

Education				
	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				

TO BE READ AND SIGNED BY APPLICANT

I authorize you, T & T Trucking, to make such investigations and inquiries of my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after the conditional offer of employment has been extended.) I hereby release employer, 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 that I am required to abide by all rules and regulations of T & T Trucking.

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 performance and safety history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- A. Review information provided by previous employer;
- B. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective
- C. 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.

_____ Date

_____ Applicant's Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

COMPLETED APPLICATION MUST BE RETURNED TO DRIVER COMPLIANCE FOR REVIEW ALONG WITH COPIES OF THE FOLLOWING ITEMS:
(YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT ITEMS LISTED BELOW)

1. COPY OF DRIVER'S LICENSE
2. COPY OF MEDICAL CERTIFICATE
3. COPY OF LONG FORM MEDICAL
4. COPY OF SOCIAL SECURITY CARD
5. COPY OF DMV PRINTOUT INCLUDING LAST 10 YEARS (must be less that 30 days old)

RETURN REQUESTED DOCUMENTS TO:
T & T Trucking
11396 N Highway 99
Lodi, CA 95240