



Driver Application

391.21(d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph 391.21(b)(10) of this section may be used and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of §391.23. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigation. All required disclosures are contained in this document and can also be found by reviewing the Federal Motor Carrier Safety Regulations at www.fmcsa.dot.gov

Applicant Name: _____ Social Security #: _____
Current Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____

RESIDENCE PAST 3 YEARS

Address: _____
City: _____ State: _____ Zip: _____ How long?: _____
Address: _____
City: _____ State: _____ Zip: _____ How long?: _____
Address: _____
City: _____ State: _____ Zip: _____ How long?: _____

EXPERIENCE AND QUALIFICATIONS

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE AND PLACE IN THE DRIVER FILE.

Applicant, list the states and license numbers of all licenses held for the past 3 years.

State	License #	Expiration Date	Class A, B	Endorsements

DRIVING EXPERIENCE

Equipment Class	Type of Equipment <i>Van, Flat, Tank, etc.</i>	DATE		Approx. # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				



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ACCIDENTS/CRASHES FOR THE PAST 3 YEARS OR MORE

Date	Nature of Accident <i>(Backing, Head-on, Rollover, Turning)</i>	Fatalities	Injuries

MOVING TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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B. Has any license, permit or privilege ever been revoked? YES NO

If yes, please explain in detail:

CONTROLLED SUBSTANCES TESTING

This company requires all Drivers that drive any Commercial Motor Vehicle(s) (CMV) that require a Commercial Drivers License (CDL), to be controlled substance tested with a negative result prior to driving.

Do you consent to such testing? YES NO

DRIVER PRE-EMPLOYMENT VERIFICATION OF TESTING RESULTS

In the past 2 years, have you:

Tested positive for any Controlled Substances pre-employment test for any other company? YES NO

Tested above 0.04 on any Alcohol pre-employment test for any other company? YES NO

Refused to be tested for any pre-employment test for any other company? YES NO

If you answered "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted:

Name of SAP: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date(s) visited: _____

Signed: _____	Date: _____
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EMPLOYMENT RECORD 391.21(b)(10) 391.23(d)€

Last Employer: _____
Position held: _____ From: _____ To: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Reason for leaving: _____
Were you subject to the FMCSRs while employed by this previous employer? [] YES [] NO
Were you subject to Alcohol and Controlled Substance testing as required by 49 CFR Part 40? [] YES [] NO

Last Employer: _____
Position held: _____ From: _____ To: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Reason for leaving: _____
Were you subject to the FMCSRs while employed by this previous employer? [] YES [] NO
Were you subject to Alcohol and Controlled Substance testing as required by 49 CFR Part 40? [] YES [] NO

Last Employer: _____
Position held: _____ From: _____ To: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Reason for leaving: _____
Were you subject to the FMCSRs while employed by this previous employer? [] YES [] NO
Were you subject to Alcohol and Controlled Substance testing as required by 49 CFR Part 40? [] YES [] NO

Last Employer: _____
Position held: _____ From: _____ To: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Reason for leaving: _____
Were you subject to the FMCSRs while employed by this previous employer? [] YES [] NO
Were you subject to Alcohol and Controlled Substance testing as required by 49 CFR Part 40? [] YES [] NO

Last Employer: _____
Position held: _____ From: _____ To: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Reason for leaving: _____
Were you subject to the FMCSRs while employed by this previous employer? [] YES [] NO
Were you subject to Alcohol and Controlled Substance testing as required by 49 CFR Part 40? [] YES [] NO



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391.23(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document, prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) 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

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within 5 (five) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employers(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Visit www.fmcsa.dot.gov to review the regulations

Signing below certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant Signature: _____ Date: _____

SUBMITTING THIS APPLICATION:

If filling out application as a PDF:

Fill in all necessary fields, save to your desktop and email the completed form to: Nolan Wymer at alpha.apply@am.dynonobel.com

If filling out by hand onsite:

Print, complete this form and fax to (916) 645-8512, ATTN: NOLAN

Or Mail to:
PO Box 310
Lincoln, CA 95648