



107 N. Chicopee Street, Chicopee, MA 01020
413-538-7279 www.chicopeeindustrial.com

Driver Application Form

Please Print Clearly

Date: _____

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 the Company.

"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 investing 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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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 _____

(Last) (First) (Middle)

_____ () _____
Social Security Number Phone Number Date of Birth Hire Date

Address: _____
tree) (Street) (City) (State) (Zip) Number of years

(Street) (City) (State) (Zip) Number of years

(Street) (City) (State) (Zip) Number of years

Past 3 Year
Residency

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). You are required to list the complete mailing address: street number and name, city, state, and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number () _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Regulations **while employed? Yes No

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number () _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Regulations **while employed? Yes No

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number () _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Regulations **while employed? Yes No

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

*ACCOUNT FOR PERIOD BETWEEN JOBS-Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations 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 10,0001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES From	DATES To	OR	APPROXIMATE MILES	
Straight Truck	Van, Reefer, Tank, Flat					
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat					
Tractor – Two Trailers	Van, Reefer, Tank, Flat					
Tractor – Three Trailers	Van, Reefer, Tank, Flat					
Motorcoach – School Bus >8 passengers	N/A					
Motorcoach – School Bus >15 passengers	N/A					
Other:	Van, Reefer, Tank, Flat, N/A					

Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED Month/year	VIOLATION Other than violations involving parking only	STATE OF VIOLATION	PENTALTY Forfeited bond, collateral and/or points

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one drivers’ license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below:

_____	_____	_____
State	License Number	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
If yes, give details _____
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes No
If yes, give details _____

Applicant Certification

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.

_____	_____
Applicant Signature	Date