

CDL Driver Employment Application CDL Driver

6250 Industrial Blvd.
Edmond, OK 73034
800-259-3365

Name: _____ SSN: _____
Last First MI

Physical Address: _____
(No P.O. Box) Street City State Zip

Home Phone Number: () - Cell / Message Phone Number: () -

Driver's License Number: _____ State: _____ Class: _____ Endorsements: _____

eMail: _____ How did you find out about this position? _____

Position(s) Applying For: _____ Salary Desired: _____ Per _____

Geographical Area(s) You Are Applying For: _____

Will you travel more than 75 miles? Y N

Are you legally authorized to work in the US? Y N

Please list any friends/relatives that are currently employed here: _____

References

Please list the names of two people to whom you are unrelated and have not been employed by:

Name: _____	Address: _____
Phone: () - _____	City: _____ ST: _____ Zip: _____
Name: _____	Address: _____
Phone: () - _____	City: _____ ST: _____ Zip: _____

Education

Please Circle the Highest Level of Completed Education

High School	8	9	10	11	12	City, State: _____
Technical	1	2				Trade: _____
College/Univ.	1	2	3	4		Major: _____
Other	1	2	3	4		Degree: _____

EEO Statement

It is the policy of this company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, age, national origin, or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship pre-apprenticeship, and/or on-the-job training.

Skills & Experience

Please complete the following based on your years of experience and skill level. If no experience with a particular item, leave that portion blank.

Use the following guideline for skill level:

A: Senior Level / Capable of Training Others
B: Strong Skills

C: Intermediate Skills
D: Entry Level

Heavy Equipment					
Item	Years	Skill	Item	Years	Skill
Roller			Track Hoe		
Front-End Loader			Dozer		
Scraper			Motor Grader		
Driver					
Item	Years	Skill	Item	Years	Skill
Water Truck			Side Dump		
Haz Mat and/or Fuel Truck			Tractor Trailer		
10 Wheel Dump			Heavy Haul		
Mechanic / Oiler					
Item	Years	Skill	Item	Years	Skill
Preventive Maintenance			Transmission		
Brakes / Front End			Hydraulics		
Engine			Paint & Body		
Welder					
Item	Years	Skill	Item	Years	Skill
Mig			"Out of Position"		
Tig			Fabrication		
Stick (list type of rods)			Blueprints		
*** Other ***					
Item	Years	Skill	Item	Years	Skill
General Labor			Staking		
Equipment Washer			Concrete Finisher		
Surveying			Other:		
Office					
Item	Years	Skill	Item	Years	Skill
MS Word			Expedition / Sure-Trac		
MS Excel			PeachTree / Quickbooks		
AutoCAD / Micro Station			Other:		
SUPERVISORY SKILLS					
Biggest team you've managed:					
Field or office?					
For how long?					
Other supervisory duties:					

Please list other special training and/or skills related to the position: _____

Former Employers

CDL Applicants: You must show at least a 10 year history, **All applicants** must show at least a 5 year history
 List current or most recent job first. Please explain all gaps in employment. Use backside if needed.

End MO / YR /	 _____ Company Name	Phone () - _____	Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Start MO / YR /	 _____ Street _____ City, State	Supervisor: _____ _____ _____		Pay Rate: _____ _____ _____

End MO / YR /	 _____ Company Name	Phone () - _____	Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Start MO / YR /	 _____ Street _____ City, State	Supervisor: _____ _____ _____		Pay Rate: _____ _____ _____

End MO / YR /	 _____ Company Name	Phone () - _____	Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Start MO / YR /	 _____ Street _____ City, State	Supervisor: _____ _____ _____		Pay Rate: _____ _____ _____

End MO / YR /	 _____ Company Name	Phone () - _____	Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Start MO / YR /	 _____ Street _____ City, State	Supervisor: _____ _____ _____		Pay Rate: _____ _____ _____

End MO / YR /	 _____ Company Name	Phone () - _____	Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Start MO / YR /	 _____ Street _____ City, State	Supervisor: _____ _____ _____		Pay Rate: _____ _____ _____

1. Indicate any of the above employers you DO NOT wish us to contact: _____
2. Have you ever been discharged by a previous employer: Y N If so, by which employer(s) _____
3. Have you ever been convicted of, or pled "guilty" or "no contest" to a crime? Y N
4. If so, list the date(s) and detail(s): _____

You Must Answer These*

* Answering "Yes" does not constitute an automatic rejection to employment. Date of offense, seriousness & nature of the violation, rehabilitation, and position applied for will be considered.

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. 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 inquired 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, and that employment is "At Will" and may be ended by either party at any time, with or without reason or no reason at all.

Signature of Applicant _____ **Date** _____

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to SelectForce, Inc. for the sole purpose of transmitting such records to SelectForce and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to SelectForce. This authorization shall expire if and when my worksite employer is no longer DUIT CONSTRUCTION.

COMPANY	CITY	STATE	PHONE NUMBER

(Attach additional forms for additional past employers. That form must also include the individual’s signature and social security number.)

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part §391.23, you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) 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 prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT-regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five-day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, prospective employers may consider you to have waived your request to review the record.

PART II – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from SELECTFORCE, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from SELECTFORCE, INC. concerning previous driving record requests made by others from such state agencies and state provided driving records. You have the right to make a request to SELECTFORCE, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that SELECTFORCE, INC. has previously furnished within the two-year period preceding your request. SELECTFORCE, INC. may be contacted by mail at 200 NW 66TH ST STE 972 OKLAHOMA CITY, OK 73116, or by phone at (800) 238-3282. I AUTHORIZE, WITHOUT RESERVATION, SELECTFORCE, INC., AND ANY PARTY OR AGENCY CONTACTED BY SELECTFORCE, INC., TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I. I hereby consent to your obtaining the above information from SELECTFORCE, INC., and I agree that such information which SELECTFORCE, INC. has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired, will be supplied by SELECTFORCE, INC. to other companies which subscribe to SELECTFORCE, INC.. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ Applicant Signature: _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used: _____

List States & Counties of Residence for the past: 3 years 5 years 7 years 10 years (Attach a separate sheet if needed.)

State _____ City/County _____ From Year _____ to Year _____

State _____ City/County _____ From Year _____ to Year _____

Home Address _____ City _____ State _____ Zip _____

Driver’s License No.: _____ State Issuing License: _____ Exp. Date: _____

Date of Birth _____ Race: Asian Black Hispanic White Other _____ Sex: Male Female
(Circle one) (Circle one)

Voluntary Identity Self Disclosure

Our company has, and will continue to fully comply with all applicable employment laws. There shall be no discrimination against any employee or applicant because of race, color, religion, sex, age, national origin, disability or veteran status. We subscribe to the policy and our program of affirmative action that all employees will be treated the same during their employment in all matters, including employment, upgrading, promotion, transfer, layoff, termination, rates of pay, selection for training, or recruitment. The full cooperation of all employees and all levels of supervision is expected.

Note: The information requested in this form is completely voluntary and will be kept confidential. We will use the data you provide us for periodic government reporting purposes only. Also, this form will be stored separately from each employee's personnel file. Refusal to provide this information will not subject you to any adverse treatment. However, your cooperation in this matter would be greatly appreciated.

Name: _____ Soc. Sec. No.: _____

Sex: Male Female Date of Birth: _____

Race: Alaskan or American Indian Hispanic or Latino
 Asian White
 Black or African American Two or More Races
 Hawaiian or Pacific Islander

As a government contractor, we are subject to sections 503 and 504 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Re-adjustment Assistance Act of 1974. These Acts require government contractors to take affirmative action to employ and advance in employment Special Disabled Veterans, Veterans of the Vietnam Era and other Protected Veterans. If you meet one or more of the above descriptions, we would like to include you under the affirmative action program.

Check if any of the following are applicable:

Other Protected Veteran Special Disabled Veteran
 Vietnam Era Veteran Recently Separated Veteran

Please identify where you learned about an employment opportunity with this organization:

Newspaper Advertisement *Name of Paper:* _____
 Employee Referral *Name of Employee:* _____
 Driving Past Building
 Other *Please Describe:* _____

Motor Vehicle Driver's Certification of Violations And Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
EXPIRATION DATE		

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date: _____ **Driver's Signature:** _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with driver:

Reviewed by: _____
Signature

Date: _____

Printed Name

Title: _____

Motor Carrier Name

Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): _____ Social Security Number: _____

Driver's License: State- _____ Number- _____ Class- _____

Endorsement(s): _____ Restriction(s): _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

Time: _____ A.M./P.M. On: _____
Day Month Year

Drivers Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: when employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations, includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Check One)
 Yes No

At this time, do you intend to work for another employer while still employed by this Company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

DRIVER: _____
Signature

Date

WITNESS: _____
Company Representative

Date

Alcohol and Controlled Substance Employee's Certified Receipt

Employee's Name: _____ Company: _____

This is to certify that I have been provided with educational materials that explain the requirements of Section 382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following items:

- The designated person to answer questions about the materials
- The categories of drivers subject to Part 382.
- Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- Specific information concerning prohibitive driver conduct.
- Circumstances under which a driver will be tested.
- Test procedures, driver protection and integrity of the testing process and safeguarding the validity of the test.
- The requirements that tests are administered in accordance with Part 382.
- An explanation of what will be considered a refusal to submit to a test and the consequences.
- The consequences of Part 382 Subpart B violations including removal from safety-sensitive functions and Section 382.605 procedures
- The consequences of drivers found to have an alcohol concentrate of 0.02 or greater but less than 0.04.
- Information on the affects of alcohol and controlled substances use on:
 - an individual's health
 - work
 - personal life
 - signs and symptoms of a problem
 - available methods of intervening when a problem is suspected
- Optional information: _____

Employee's Signature: _____ Date: _____

Authorized Employer Representative: _____ Date: _____