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# Commercial Driver Job Application

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Goes by \_\_\_\_\_  
Last First Middle (List the name that you preferred to be called)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_  
(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

Current Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Primary): \_\_\_\_\_  
Phone #1: \_\_\_\_\_  
Phone #2: \_\_\_\_\_  
☐ Spouse ☐ Child ☐ Parent  
☐ Sibling ☐ Grandparent ☐ Other  
Significant Other

Emergency Contact (Secondary): \_\_\_\_\_  
Phone #1: \_\_\_\_\_  
☐ Spouse ☐ Child ☐ Parent  
☐ Sibling ☐ Grandparent ☐ Other

## Previous three (3) years addresses:

Address	From	To

Do you have the legal right to work in the United States? YES NO

Have you worked for this Company before? YES NO

If yes, when? \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed ? YES NO If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Are there any reasons you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES NO

If yes, explain if you wish \_\_\_\_\_

Have you ever been convicted of a felony? YES NO If yes, please explain fully on an additional sheet of

## EMPLOYMENT HISTORY

Give a **COMPLETE RECORD** of all employment for the past three (3) years, including any unemployment or self-employment

Company Name	From	To
Address	Position Held	
Contact	Phone #	Fax #
Reason for Leaving	Salary/Wage	
Were you subject to the FMCSRs while employed here? Yes _____ No _____		
Was your job designated 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 _____		
Company Name	From	To
Address	Position Held	
Contact	Phone #	Fax #
Reason for Leaving	Salary/Wage	
Were you subject to the FMCSRs while employed here? Yes _____ No _____		
Was your job designated 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 _____		
Company Name	From	To
Address	Position Held	
Contact	Phone #	Fax #
Reason for Leaving	Salary/Wage	
Were you subject to the FMCSRs while employed here? Yes _____ No _____		
Was your job designated 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 _____		
Company Name	From	To
Address	Position Held	
Contact	Phone #	Fax #
Reason for Leaving	Salary/Wage	
Were you subject to the FMCSRs while employed here? Yes _____ No _____		
Was your job designated 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 _____		

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
<i>Straight Truck</i>			
<i>Tractor &amp; Semi-trailer</i>			
<i>Tractor &amp; two trailers</i>			
<i>Tractor &amp; three trailers</i>			
<i>Other</i>			

List special courses/training completed (PTD/DDC, HAZMAT, ETC)

List any Safe Driving Awards you hold and from whom:

### Accident Report for the past three (3) years (attach sheet if more space is needed):

Date of Accident	Nature of Accident (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

### Traffic Convictions and forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

### Drivers License (list each drivers license held in the past three (3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

**To Be Read and Signed by Applicant:**

*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 inquires of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, 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 the 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 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 previous employers;*
- *Have errors in the information corrected by previous employers and for those previous employers to resend 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.*

**Applicant Signature****Date**