



# CDL APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS \_\_\_\_\_ HOWLONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY (ATTACH SHEET IF MORE SPACE IS NEEDED)

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) #YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) #YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) #YEARS \_\_\_\_\_

### LICENSE INFORMATION

Section 383.21 FM CSR states "No person who operates a commercial 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 which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATE	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			/		
TRACTOR AND SEMI-TRAILER			/		
TRACTOR-TWO TRAILERS			/		
OTHER			/		

### ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and or points)

### (ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 \_\_\_\_\_



EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information to all employers if you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

MUST LIST THE COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME, CITY, STATE AND ZIP CODE

LAST EMPLOYER: NAME PHONE
ADDRESS CITY STATE ZIP
POSITION HELD FROM TO HOURLY/SALARY RATE
REASON FOR LEAVING
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

SECOND LAST EMPLOYER: NAME PHONE
ADDRESS CITY STATE ZIP
POSITION HELD FROM TO HOURLY/SALARY RATE
REASON FOR LEAVING
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

THIRD LAST EMPLOYER: NAME PHONE
ADDRESS CITY STATE ZIP
POSITION HELD FROM TO HOURLY/SALARY RATE
REASON FOR LEAVING
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquires, into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires 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 employers(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 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 the 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
NOTE: A motor carrier may require an applicant to provide information in addition to the information required by Federal Motor Carrier Safety Regulation.



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**PART 1: | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Printed Name) \_\_\_\_\_  
(FIRST) (M.I.) (LAST) SOCIAL SECURITY NUMBER

Hereby Authorize:  
Previous Employer \_\_\_\_\_ Email \_\_\_\_\_  
Street \_\_\_\_\_ Telephone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax No \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous three years from \_\_\_\_\_  
(Employment Application Date)

To: TRAFFICADE SERVICES, INC.  
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_  
2533 W Holly Street, Phoenix, AZ 85009

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form than ensures confidentiality, such as fax, email or letter.

Prospective Employers fax number: (602) 272-2827 Prospective Employers Email: \_\_\_\_\_@Trafficade.com

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE  
This information is being requested in accordance with §40.25(g) and 391.23(h).

**PART 2: | TO BE COMPLETED BY PREVIOUS EMPLOYEE**

The applicant named above was employed by us: YES NO  
Employed as \_\_\_\_\_ from (M/Y) \_\_\_\_\_ to (M/Y) \_\_\_\_\_

- 1. Did he/she drive a motor vehicle for you? YES NO  
If yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples  
Other (specify) \_\_\_\_\_

- 2. Reason for leaving your employment: Discharged Resignation Lay Off Military Duty  
If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your vehicle register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insures or retained under internal company policies \_\_\_\_\_

Any other remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE TITLE APPLICANT'S SIGNATURE



PREVIOUS EMPLOYER-COMPLETE PAGE 2 PART 3

PART 3: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER

DRUG AN ALCOHOL HISTORY

If the driver was not subject to Department of Transportation testing requirements while employed by this employer; please check here, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_ complete bottom of Part 3 and return. Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- 1. Has the person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
2. Has the person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has the person committed other violations of Subpart B of Part 382, or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown page 1.

Name \_\_\_\_\_ Company \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Part 3 Completed by (Signature) \_\_\_\_\_ Date \_\_\_\_\_

PART 4a: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (Check One), Faxed to previous Employer: Mailed Emailed Other \_\_\_\_\_
By: \_\_\_\_\_ Date: \_\_\_\_\_

PART 4b: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.
Information received from \_\_\_\_\_ Recorded by \_\_\_\_\_
Date: \_\_\_\_\_ Method: Fax Mail Email Telephone Other \_\_\_\_\_

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee
\* Complete the information required in this section
\* Sign and Date
\* Submit to Prospective Employer
PAGE 2 PART 4a: Prospective Employer
\* Complete the information
\* Send to Previous Employer
PAGE 1 PART 2: Previous Employer
\* Complete the information required in this section
\* Sign and date

PAGE 2 PART 3: Previous Employer
\* Complete the information required in this section
\* Sign and date
\* Return to Prospective Employer
PAGE 2 PART 4b: Prospective Employer
\* Record receipt of the information
\* Retain the form