



PRO Resources Corporation
Driver (Commercial)
Application for Employment

DRIVER (Commercial)
APPLICATION

NOTICE:

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (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.

Date of Application:
\_\_\_ / \_\_\_ / \_\_\_

(PLEASE PRINT and ANSWER ALL QUESTIONS)

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(must have 3 years of address listed)

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

In case of an EMERGENCY please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_

1. Do you have the legal right to work in the United States? [ ] Yes [ ] No 2. Date of Birth \_\_\_ / \_\_\_ / \_\_\_

3. Proof of Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

4. Have you worked for this company before? [ ] Yes [ ] No

5. If yes, for which client (Company) \_\_\_\_\_

Dates worked - From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Rate of Pay \$ \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

6. Are you now employed? [ ] Yes [ ] No

7. Who referred you? \_\_\_\_\_

8. POSITION APPLIED FOR: DRIVER

9. Rate of pay expected? \$ \_\_\_\_\_

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? [ ] Yes [ ] No

If yes, what can be done to accommodate your limitations? \_\_\_\_\_

Are you physically capable of heavy, manual work? [ ] Yes [ ] No If no please explain \_\_\_\_\_

How much time have you lost from work in the past three years? Also, please explain \_\_\_\_\_

Would you be willing to take a physical examination? [ ] Yes [ ] No

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle (as defined by the USDOT) in intrastate or interstate commerce shall also provide an additional (7) years information on those employers for whom the applicant was an operator of a commercial motor vehicle.

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (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.

### MUST LIST 10 YEARS OF PREVIOUS EMPLOYMENT

EMPLOYER - May we contact present employer? Yes or No (please circle)	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

**PREVIOUS EMPLOYERS CONTINUED**

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_  
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_  
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_  
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_  
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes \_\_\_ No \_\_\_ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes \_\_\_ No \_\_\_

**DUE PROCESS RIGHTS**

**Following are your rights in regard to your safety performance history information:**

- The right to review information provided by the previous employer
- The right to have errors in the information corrected by the previous employer, and for that previous employer to resend the corrected information to the prospective employer; and
- 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.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date Signed*

**IF THIS SECTION IS NOT SIGNED & DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.**

(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 five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days 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. Please contact Human Resources for more information.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** (*Attach sheet if more space is needed*)

	DATES	NATURE OF ACCIDENT/INCIDENT	FATALITIES	INJURIES
Last Accident:				
Next Previous:				

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS** (*Other than parking violations*)

LOCATION	DATE	CHARGE	PENALTY

**EDUCATION**

LAST SCHOOL ATTENDED \_\_\_\_\_ CITY, STATE \_\_\_\_\_, \_\_\_\_\_

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

**EXPERIENCE & QUALIFICATIONS** (*Driver*)

DRIVER'S LICENSES <small>Date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;</small>	STATE	LICENSE NO.	TYPE	EXPIRATION

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 suspended or revoked?  Yes  No

***IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, ATTACH A STATEMENT GIVING DETAILS***

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred:

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIP. (Van-Tank-Flat-Etc.)	DATES		TOTAL # OF MILES
		From	To	

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? \_\_\_\_\_