

APPLICATION FOR EMPLOYMENT AS A TRUCK DRIVER (\$391.21)

Full Legal Name: _____ SSN _____

Address: _____

(Present address, include street, city, state & zip code) PLEASE PRINT CLEARLY

*How long at this address: _____ Phone #: _____ Date of Birth : _____

Position applied for: _____ Cell Phone #: _____ Date Available: _____

*Previous address(es) for 3 years preceding the date of this application

Dates (list)	Street Address	City	ST.	Zip

List DRIVER'S LICENSE NUMBER & following information Please include your CURRENT, valid license plus past 3 years including permits. **REQUIRED INFORMATION**

State	Driver's License Number	Class and Endorsements	CDL Class Y/ N (Put X)				Expiration Date
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

DRIVING EXPERIENCE & CDL DATE REQUIRED

Need date the CDL license was first obtained. The nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated. Due to **SUBPART E- ENTRY-LEVEL DRIVER TRAINING REQUIREMENTS- Part 380** this information is required.

*MY CDL LICENSE was FIRST OBTAINED ON:	MONTH	DAY/	YEAR
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Type of Equipment	Period of Time	Nature and Extent

MOTOR VEHICLE ACCIDENTS

List all motor vehicle accidents in which you were involved during the 3 years preceding the date that the application is submitted. Please include the date, location, nature of accident, fatalities or personal injuries. (Use additional paper if necessary.) **If NONE, please write NONE**

1. Date incident occurred:	Location:
Details:	
2. Date incident occurred:	Location:
Details:	

EDUCATION

Type of School Attended	School name and location	Did you graduate YES/ NO	Diploma/ Degree	Major Course of Study
High School: circle highest grade completed 9 10 11 12				
Technical or Vocational				
College or University				
Graduate School				
Professional Seminars, or Additional Training				

EMPLOYMENT EXPERIENCE

List names and addresses where you were employed during the **last 10 years** "This is a **DOT requirement**. (391.21(10811))
****You must include the complete address including street, city, state, zip code and phone number****

PRINT CLEARLY. ANSWER EACH SAFETY SENSITIVE QUESTION (YES OR NO) UNDER EACH EMPLOYER RECORDED

1. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To	Address	
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final		Phone #:	
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT EXPERIENCE CONTINUED

List names and addresses where you were employed during the **last 10 years.**

****You must include the complete address including street, city, state, zip code and phone number****

5. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Past Employer		Dates Employed From / TO (mm/dd/yyyy)		Work Performed	
Address		from	To		
Phone #:	Fax #:	Hourly Rate/ Salary Starting Final			
Job Title:	Supervisor Name:			I was subject to FMCSR rules while employed at this company:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving				My job was designated as a safety sensitive subject to 49 CFR Part 40	YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC VIOLATIONS- LAST 3 YEARS

List all motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application.

If NONE, please write NONE.

Date	Violation	Location- City and State	In CMV- (check box)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REVOCATIONS AND SUSPENSIONS

Have you had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? ☐ Yes ☐ No

If yes, give facts and circumstances in detail.

Date	Violation	Explanation

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

Note: Previous employer(s) may be contacted and information provided may be used to investigate the applicant's background. Per 391.23(i), (due process rights) the employee can request information received as part of the background investigations completed.

- (i)(1)(i) The right to review information provided by previous employers;
(i)(1)(ii) 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 the prospective employer;
(i)(1)(iii) 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. (For a more detailed explanation of the driver's rights please see FMCSR 391.23)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize Mara Transport to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and drug test is required for certain classifications.

By signing this form I authorize Mara Transport to obtain a Motor Vehicle Report pursuant to **§391.23** requirements.

Applicant's Signature

Date

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING
INFORMATION BY DRIVER / APPLICANT - Part 40.25(j).**

(This form is used to fulfill the requirement of **Part 40.25(j)**). An employer must ask the driver whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years.

Date: _____

To be completed by driver / applicant.

During the past (2) two years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

☐ **Yes**

☐ **No**

During the past (2) two years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

☐ **Yes**

☐ **No**

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Print Legal Name of driver: _____

Signature of driver: _____

Social Security Number: _____

Witness/Management signature: _____

Witness/Management printed name: _____

Mara Transport is a Equal Opportunity Employer