

# DRIVER APPLICATION FORM

COMPANY NAME Vern Lewis Welding Supply Location: Region/District/Branch Phoenix  
COMPANY ADDRESS 1333 N 21st Ave Phoenix Arizona 85009  
Street City State Zip

### TO BE READ AND SIGNED BY APPLICANT

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 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 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 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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME		Last		First		Middle					
Social Security Number		( )		Phone Number		Date of Birth		Hire Date			
ADDRESS		Street		City		State		Zip		Number of Years	
PAST 3 YEAR RESIDENCY		Street		City		State		Zip		Number of Years	
		Street		City		State		Zip		Number of Years	

### Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  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  
\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

# EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

## Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES FROM                  TO	APPROXIMATE NUMBER OF MILES
Straight Truck	Van, Reefer, Tank, Flat	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____

OR

## Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

## License Information

Section 383.21 FMCSR 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 for which is listed below.

\_\_\_\_\_ State                                  License Number                                  Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes     No  
If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes     No  
If yes, give details \_\_\_\_\_

## Applicant Certification

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.

\_\_\_\_\_ Applicant's Signature                                  Date

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**  
**(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
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