Driver Application

DOT-Compliant Employment Application | 49 CFR Part 391

This application form complies with the Federal Motor Carrier Safety Administration (FMCSA) requirements under 49 CFR Part 391.21 for driver qualification files. All information provided will be verified. Incomplete or false information is grounds for denial of employment or termination. This form accompanies the Driver Hiring & Screening page at firstunderwriters.com.

For Company Use: Application Date: _____ Position Applied For: _____ Location: _____

SECTION 1: PERSONAL INFORMATION

Last Name:		**First Name:**		**Middle:**	
Street Address:				**Apt/Unit:**	
City:		**State:**		**ZIP:**	
Phone:		**Email:**			
Date of Birth:		**SSN:**		**CDL #:**	
CDL State:		**CDL Class:**		**Expiration:**	

CDL Endorsements (check all that apply):

[ ] H – Hazmat	[ ] N – Tank	[ ] P – Passenger	[ ] S – School Bus	[ ] T – Doubles/Triples	[ ] X – Hazmat + Tank

Restrictions: _____

SECTION 2: ELIGIBILITY & QUALIFICATIONS

Question	Yes	No
Are you at least 21 years of age? (Required for interstate CMV operation)	[ ]	[ ]
Are you legally authorized to work in the United States?	[ ]	[ ]
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	[ ]	[ ]
Has any license, permit, or privilege ever been suspended or revoked?	[ ]	[ ]
Have you ever tested positive on a DOT pre-employment drug or alcohol test?	[ ]	[ ]
Have you ever refused a DOT drug or alcohol test?	[ ]	[ ]
Have you completed a DOT return-to-duty process after a positive test or refusal?	[ ]	[ ]

If yes to any above, explain: _____

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SECTION 3: DRIVING EXPERIENCE (49 CFR 391.21)

List all commercial motor vehicles you have experience operating:

Equipment Type	Years Exp.	Approx. Miles	Date Range (From – To)

[ ] Straight Truck	[ ] Tractor-Semitrailer	[ ] Tanker	[ ] Flatbed	[ ] Doubles/Triples	[ ] Bus/Passenger
[ ] Hazmat Cargo	[ ] Over sized/weight	[ ] Refrigerated	[ ] Dump Truck/Mixer	[ ] Car Carrier	[ ] Other: _____

SECTION 4: EMPLOYMENT HISTORY — PAST 10 YEARS (49 CFR 391.21)

List ALL employers for the past 10 years. Per FMCSA, the past 3 years must include complete contact information for verification. Attach additional sheets if necessary.

EMPLOYER 1

Company Name:		**Phone:**	
Address:		**City/State/ZIP:**	
Position Held:		**From:**	**To:**
Supervisor Name:		**Reason for Leaving:**	
CMV Operation?	[ ] Yes [ ] No	**Subject to DOT Testing?**	[ ] Yes [ ] No

EMPLOYER 2

Company Name:		**Phone:**	
Address:		**City/State/ZIP:**	
Position Held:		**From:**	**To:**
Supervisor Name:		**Reason for Leaving:**	
CMV Operation?	[ ] Yes [ ] No	**Subject to DOT Testing?**	[ ] Yes [ ] No

EMPLOYER 3

Company Name:		**Phone:**	
Address:		**City/State/ZIP:**	
Position Held:		**From:**	**To:**
Supervisor Name:		**Reason for Leaving:**	
CMV Operation?	[ ] Yes [ ] No	**Subject to DOT Testing?**	[ ] Yes [ ] No

Periods of Unemployment: List any gaps in employment with dates and explanation:

_____

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SECTION 5: ACCIDENT RECORD — PAST 3 YEARS (49 CFR 391.21)

List ALL accidents involving a commercial motor vehicle in which you were the driver during the past 3 years, regardless of fault, including any accident resulting in a fatality, bodily injury, or disabling damage to a vehicle.

Date	Location (City/State)	Nature of Accident	Fatalities?	Injuries?	Hazmat Spill?

[ ] No accidents to report in the past 3 years.

SECTION 6: TRAFFIC CONVICTIONS & FORFEITURES — PAST 3 YEARS (49 CFR 391.21)

List ALL motor vehicle violations for which you were convicted or forfeited bond or collateral during the past 3 years (other than parking violations). Include CDL and personal vehicle violations.

Date	Location (City/State)	Charge/Violation	Penalty (Fine/Points)	Vehicle Type

[ ] No traffic convictions or forfeitures in the past 3 years.

SECTION 7: RESIDENCE HISTORY — PAST 3 YEARS (49 CFR 391.21)

List all addresses where you have resided during the past 3 years:

Street Address	City	State	ZIP	From (Date)	To (Date)

SECTION 8: EDUCATION & TRAINING

Level	School Name & Location	Completed?	Degree/Cert
High School / GED		[ ] Yes [ ] No	
CDL Training School		[ ] Yes [ ] No	
College / Vocational		[ ] Yes [ ] No	
Other Training		[ ] Yes [ ] No	

Special Skills / Certifications: _____

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SECTION 9: DOT DRUG & ALCOHOL TESTING HISTORY (49 CFR 40 & 382)

Per FMCSA regulations, prospective employers must obtain drug and alcohol testing information from all DOT-regulated employers during the previous 3 years. By signing below, you authorize the release of this information.

DOT-Regulated Employer (Past 3 Years)	Dates of Employment	Phone / Contact

AUTHORIZATION: I hereby authorize the above employers and/or their agents to release my DOT drug and alcohol testing records, including pre-employment, random, post-accident, reasonable suspicion, return-to-duty, and follow-up test results, as well as any refusals to test, to [Company Name] and their designated agents for the purpose of compliance with 49 CFR Parts 40 and 382. I understand this information will be maintained confidentially.

Applicant Signature:		**Date:**	

SECTION 10: PROFESSIONAL REFERENCES

Provide three professional references (not relatives) who can attest to your driving ability and work ethic:

Name:		**Relationship:**			
Company:		**Phone:**		**Years Known:**	

Name:		**Relationship:**			
Company:		**Phone:**		**Years Known:**	

Name:		**Relationship:**			
Company:		**Phone:**		**Years Known:**	

SECTION 11: ADDITIONAL QUALIFICATIONS

Question	Response
Do you have a valid Medical Examiner's Certificate?	[ ] Yes [ ] No Expiration: _____
Do you have a valid TWIC Card?	[ ] Yes [ ] No Expiration: _____
Do you have a passport or enhanced driver's license?	[ ] Yes [ ] No
Can you perform all essential functions of the position?	[ ] Yes [ ] No
Are you available for overnight / multi-day trips?	[ ] Yes [ ] No
Are you willing to submit to a pre-employment drug test?	[ ] Yes [ ] No
Do you have experience with electronic logging devices (ELD)?	[ ] Yes [ ] No
Do you have experience with telematics / GPS tracking systems?	[ ] Yes [ ] No

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SECTION 12: FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE

In connection with your application for employment, [Company Name] may obtain a consumer report and/or investigative consumer report about you. These reports may contain information about your character, general reputation, personal characteristics, mode of living, driving record, and criminal history, among other things. Under the Fair Credit Reporting Act, you have the right to:

- Request the nature and scope of any investigative consumer report requested by the company.
- Dispute the accuracy or completeness of any information in your consumer report.
- Request disclosure of the nature and scope of the investigation.
- Receive a copy of any consumer report obtained, if adverse action is taken based on the report.

AUTHORIZATION: By signing below, I authorize [Company Name] to obtain consumer reports and/or investigative consumer reports about me for employment purposes, including background checks, MVR checks, and verification of information provided in this application. I understand that I may request additional information about the nature and scope of any report.

Applicant Signature:		**Date:**	

SECTION 13: APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment, or if employed, my dismissal from employment.

[ ] I authorize [Company Name] to contact all references, previous employers, and educational institutions listed in this application.

[ ] I authorize the release of my driving record (MVR) from all states where I have held a license.

[ ] I authorize the release of my DOT drug and alcohol testing history from previous employers per 49 CFR Part 40.

[ ] I authorize [Company Name] to conduct a pre-employment drug test and understand that a positive result or refusal will disqualify me from employment.

[ ] I understand that employment is contingent upon successful completion of all background checks, drug testing, physical examination, and road test as required by 49 CFR Part 391.

[ ] I understand that this application is not a contract of employment and that, if hired, my employment is at-will unless otherwise specified in a written agreement.

[ ] I understand that [Company Name] utilizes telematics and GPS tracking technology in company vehicles and I consent to such monitoring as a condition of employment.

Applicant Printed Name:	

Applicant Signature:		**Date:**	

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[ ] Application Reviewed	[ ] MVR Obtained	[ ] Background Check	[ ] Drug Test Scheduled
[ ] Previous Employer Verified	[ ] DOT D&A; History Obtained	[ ] Medical Card Verified	[ ] Road Test Completed

Reviewed By:		**Date:**		**Hire Decision:**	[ ] Approved [ ] Denied

This driver application is provided by First Underwriters Insurance Brokers as a free resource for fleet operators. It is designed to comply with FMCSA regulations under 49 CFR Part 391.21 but is not legal advice. Consult with qualified legal counsel to ensure compliance with all applicable federal, state, and local employment laws, including EEOC guidelines. Contact First Underwriters at (425) 242-5357 or firstunderwriters.com for insurance program questions.

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