

# Commercial Motor Vehicle Driver's Application for Employment

**Directions:** Answer all questions. Use blue or black ink. Please print.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you produce proof of age? Yes No

List your addresses of residency for the past three years.

### Current Address

Street	City	State
Zip Code	Phone	How Long?

### Previous Addresses

	How Long? _____
Street	City
	State Zip Code
	How Long? _____
Street	City
	State Zip Code
	How Long? _____
Street	City
	State Zip Code
	How Long? _____

.....

Do you have the legal right to work in the United States? Yes No

Have you ever been arrested? Yes No

Have you worked for this company before? Yes No

Where? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Currently employed? Yes No If not, how long since leaving last employment? \_\_\_\_\_

Were you referred? Yes No By whom? \_\_\_\_\_ Pay rate expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

No Yes Explain if you wish \_\_\_\_\_

**Experience and Qualifications- Other**

List any trucking, transportation or other experience that may help in your work for this company.

---



---



---

Describe any special equipment or technical materials you can work with (other than those already shown)

---



---

**Education**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

**Last School Attended**

---

Name

Address

List any special courses, classes or programs that will help you as a driver

---

**Experience and Qualifications-  
Driver**

	State	License No.	Endorsements	Expiration Date
Driver's Licenses				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes      No
- B. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?      Yes      No
- C. Has any license, permit or privilege ever been suspended or revoked?      Yes      No

**If the answer to A, B or C is "yes," attach statement giving details.**

.....

**Driving Experience (if none, write none)**

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. # of miles (Total)
		To	From	

List States operated in for last five years \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

### Employment History

All applicants to drive a commercial motor vehicle\* in interstate commerce must provide the following information on all topics below for the preceding ten years. List complete mailing address, street number, city, state and zip code.

**(Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.)**

\*A commercial vehicle includes vehicles having a GVW rating of 26,000 lbs or greater; vehicles designed to transport 15 or more passengers, including the driver of any size vehicle used to transport hazardous materials in such quantity requiring placards.

Employer			Date		Date	
Name			From		To	
			Mo.	Year	Mo.	Year
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact	Phone Number		Reason for Leaving			
Employer			Date		Date	
Name			From		To	
			Mo.	Year	Mo.	Year
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact	Phone Number		Reason for Leaving			
Employer			Date		Date	
Name			From		To	
			Mo.	Year	Mo.	Year
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact	Phone Number		Reason for Leaving			
Employer			Date		Date	
Name			From		To	
			Mo.	Year	Mo.	Year
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact	Phone Number		Reason for Leaving			

Accident Record for the Past Three Years (attach sheet if more room is needed) If none, write none.

Nature of Accident				
	Dates	Fatalities	(Head-on, rear-end, upset, etc.)	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations) If none, write none.

Location	Date	Charge	Penalty

### APPLICANT MUST READ AND SIGN

I agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification. I further understand that under U.S. DOT regulation 391.23(i), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against this carrier or any previous employer based on furnishing or using employment history information.

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



207 GEYSER ROAD \* SARATOGA SPRINGS \* NY \* 12866  
PHONE: 518-584-5252 \* FAX: 518-584-1092

# UPSTATE TRANSIT OF SARATOGA, LLC

## ALCOHOL AND DRUG ABUSE POLICY

### DRIVER NOTIFICATION LETTER

#### Statement for Job Applicants, Rehires and Returns from Layoff

It is the policy of this company to maintain a safe, healthy and productive work environment for all its employees; to provide quality services for its customers in an efficient manner; to maintain the integrity and security of its facilities and property, and to perform all these functions in a fashion consistent with applicable state and federal communities and customers.

Pursuant to these goals, the company requires candidates for employment, rehires and persons returning to work following a layoff of more than 30 days to pass a drug screening test covering illegal substances and alcohol. Offers of employment are strictly conditional and contingent upon the successful completion of the screening for drugs and abuse.

This requires the candidates to submit a urine specimen and to sign a consent and release statement provided by the company. Refusal will result in the candidate's disqualification for further employment consideration for six months.

My signature, below, indicates that I have read, understood, authorize and consent to the above statement.

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

Date \_\_\_\_\_ Witness' Signature \_\_\_\_\_

The remainder of this page is intentionally left blank.

**PROSPECTIVE EMPLOYEES  
DUE PROCESS RIGHTS**

**TO BE REVIEWED BY PROSPECTIVE EMPLOYEE**

**DISCLOSURE-** As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

**RELEASE-** Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **UPSTATE TRANSIT OF SARATOGA, LLC** to obtain a consumer report and/or an investigative consumer report which may include the following:

- ✚ My employment records;
- ✚ Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post offer of employment only) and drug testing;
- ✚ In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past two (2) years;
- ✚ Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "Investigative Consumer Report" may include information as to my character, general reputation, personal characteristics and mode of living which may be obtained by interviews with whom I am acquainted or who may have knowledge concerning any such items of information.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **UPSTATE TRANSIT OF SARATOGA LLC** from liability that might otherwise result from the request for use and/or disclosure of any or all foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **UPSTATE TRANSIT OF SARATOGA LLC** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Reports may be ordered periodically during the course of my employment at **UPSTATE TRANSIT OF SARATOGA LLC**, 207 Geyser Road, Saratoga Springs, NY 12866.

**CERTIFICATION BY PROSPECTIVE EMPLOYEE**

I certify that I have read and understand the driver due process rights as specified in Title 49 CFR Part 391.21 regarding the information received as part of these investigations

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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