

**PENMAN SERVICES, LTD
P.O. BOX 597
KNOX CITY, TX 79529
940-658-3513**

COMMERCIAL DRIVER APPLICATION

DATE OF APPLICATION: _____ HIRE DATE: _____

NAME _____
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____
(Required for truck drivers)

ADDRESS COVERING THE PAST THREE YEARS:

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

Have you worked for the company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Rate of new pay expected _____

EXPERIENCE AND QUALIFICATIONS-----DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR—TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	VIOLATION	STATE	CMV	
			YES	NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN

LAST EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____		SUPERVISOR _____	
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?
Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?
Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes _____ No _____

EMPLOYER: NAME _____
ADDRESS _____
TELEPHONE _____ SUPERVISOR _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes _____ No _____

EMPLOYER: NAME _____			
ADDRESS _____			
TELEPHONE _____	SUPERVISOR _____		
POSITION HELD _____	FROM _____	TO _____	SALARY _____
REASONS FOR LEAVING _____			

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes _____ No _____

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees 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 thirty (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 (5) business day deadlines 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 drive to have waived their request to review the records.

CERTIFICATION

"I certify 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 Signed

**COMMERICAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date: _____

Name _____
First Middle Last

Address _____ Home Telephone _____

Cell Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?</u>	YES	NO
If YES-----Have you successfully completed the return to duty process?	YES	NO
If YES-----Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.	YES	NO

Applicant's Signature

Date Signed

DRIVER DATA SHEET
For Casuals, New Hires & Temporary Employees

Name (Print) _____

Social Security Number _____

Driver's License Number _____

Type of License _____ Issuing State _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(r), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at _____ on _____.

Witness _____ (Signature)

Date: _____

EMPLOYMENT CHECKLIST FOR CASUALS

In addition to the above information supplied by the driver, subparagraph 391.51(d) of the Motor Carrier Safety Regulations requires that the driver qualification file for an intermittent, casual or occasional driver employed under the rules in subparagraph 391.63 must include the following:

Initial if obtained

and on file

1. Medical Examiner's Certificate--- The medical examiner's certificate

 of physical qualification to driver a motor vehicle, or a legible photo copy of the certificate.
2. Certificate of Driver's Road Test---The original of the signed road test

 form and the certificate of the driver's road test issued to the driver pursuant to subparagraph 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to subparagraph 391.31.
3. Certificate of Written Examination, Questions, and Answers---The questions

 asked and the answers the driver gave, and the certificate of written examination issued to driver pursuant to subparagraph 391.35, or a copy of a certificate which the motor carrier accepted as equivalent to a written examination, pursuant to subparagraph 391.37.