



Phone (402) 387-2811  
1-800-233-6627  
Fax (402) 387-0189

224 South Main Street  
Ainsworth, NE 69210

[www.frcoop.com](http://www.frcoop.com)

# CDL APPLICATION FOR EMPLOYMENT

Fill out completely – PLEASE PRINT

## PERSONAL DATA

NAME (first, middle, last)		PHONE
DATE OF BIRTH (DOT REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (PART 391.21(b)(2))		
SOCIAL SECURITY NUMBER - -		
***List Addressess for previous 3 years beginning with most current***		
PRESENT ADDRESS		CITY / STATE / ZIP
PREVIOUS ADDRESS		CITY / STATE / ZIP
PREVIOUS ADDRESS		CITY / STATE / ZIP
POSITION APPLYING FOR	STATUS TEMP ( ) FULL-TIME ( ) PART-TIME ( )	
HAVE YOU EVER BEEN CONVICTED OF A FELONY (IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER, CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT)		YES ( ) NO ( )

**LICENSES** – answer the questions in this section only if applying for a driver position. Driver licenses held in the past 3 years must be shown

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS A YES, ATTACH A STATEMENT GIVING DETAILS:

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?	YES ( ) NO ( )
HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?	YES ( ) NO ( )
HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?	YES ( ) NO ( )

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLATBED, ETC)	DATE FROM	DATE TO	APPROXIMATE MILES
STRAIGHT TRUCK				
TRACTOR-SEMI TRAILER				
TWIN TRAILERS				
OTHER				

LIST STATES OPERATED IN DURING LAST 5 YEARS:	
LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:	
LIST SAFE DRIVING AWARDS AND WHO AWARDS PRESENTED BY:	

**ACCIDENT REVIEW FOR PAST THREE (3) YEARS – (Required by DOT, attach separate sheet of paper if more space is needed)**

	DATE	NATURE OF THE ACCIDENT (head-on, rear-end, upset, etc)	FATALITIES	INJURIES
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
<b>TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)</b>				
LOCATION	DATE	CHARGE	PENALTY	

**EMPLOYMENT RECORD – DOT requires that driver applicants show all employment for the past three years and must show commercial driver employment for the seven years immediately preceding this three year period. Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)**

COMPANY NAME AND ADDRESS	SUPERVISOR	DATE FROM	DATE TO	POSITION HELD	SALARY
REASON FOR LEAVING?					
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?					YES (    ) NO (    )
WAS THIS POSITION CONSIDERED A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG & ALCOHOL TESTING?					YES (    ) NO (    )

COMPANY NAME AND ADDRESS	SUPERVISOR	DATE FROM	DATE TO	POSITION HELD	SALARY
REASON FOR LEAVING?					
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?					YES (    ) NO (    )
WAS THIS POSITION CONSIDERED A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG & ALCOHOL TESTING?					YES (    ) NO (    )

COMPANY NAME AND ADDRESS	SUPERVISOR	DATE FROM	DATE TO	POSITION HELD	SALARY
REASON FOR LEAVING?					
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?					YES (    ) NO (    )
WAS THIS POSITION CONSIDERED A SAFETY SENSITIVE FUNCTION SUBJECT TO DRUG & ALCOHOL TESTING?					YES (    ) NO (    )

**APPLICANT MUST READ and SIGN**

I certify that I have read and understood all this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, to include accident, alcohol and drug testing, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentations or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer. 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.

<b>SIGNATURE</b>	<b>DATE</b>