



"Providing for your Future"

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(DOT) DRIVERS APPLICATION FOR EMPLOYMENT

Name:				
(First)		(Middle)	(Last)	(Maiden Name, if any)
Address:				
(Street)		(City)	(State)	Zip Code
Date of Birth:		Social Sec. No.		
Home Phone Number:		Other Contact Number:		

ADDRESS FOR THE PAST THREE YEARS:

Address:				
(Street)		(City)	(State)	Zip Code
Address:		How Long?		
(Street)		(City)	(State)	Zip Code
		How Long?		

EXPERIENCE AND QUALIFICATION-DRIVER (List all Previous Driver's License for Past 10 Years) (List Additional on Back of Form)

DRIVER'S	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSE				

DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (CIRCLE TYPE OF EQUIP)	DATES FROM	TO	APPROX. NO. OF MILES
Straight Truck <input type="checkbox"/> Y <input type="checkbox"/> N	VAN, TANK, FLAT, DUMP, RFER			
Tractor and Semi-Trailer <input type="checkbox"/> Y <input type="checkbox"/> N	VAN, TANK, FLAT, DUMP, RFER			
Tractor - Two Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	VAN, TANK, FLAT, DUMP, RFER			
Other <input type="checkbox"/> Y <input type="checkbox"/> N				

ACCIDENT RECORD FOR THE PAST 3 YEAR (Attach Sheet if More Space Needed)(If None, Write NONE):

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

LOCATION	DATE	CHARGE	PENALTY

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other Than Parking Violations) (If None, Write NONE)**POSITIVE DRUG TESTING HISTORY:**

Per 49 CFR Part 40.25 (j). In the past two (2) years have you tested positive, or refused to test , on a pre-employment drug or alcohol test administered by a prospective employer that you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?	YES:	NO:
If you answered yes to the above question can you provide us with documentation that you have successfully completed the return-to-duty process as outlined in 49 CFR Part 40.25 (b)(5) and (e).	YES:	NO:

DRIVING PRIVILEGE:

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 A 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:		
Company Name:	Phone #:	
Address:	Fax #:	
Position Held	From	To
Were You Subject to the FMCSRs 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: _____

Second Last Employer

Company Name:

Phone
#:

Address:

Fax #:

Position Held

From

To

Were You Subject to the FMCSRs 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:

Third Last Employer

Company Name:

Phone
#:

Address:

Fax #:

Position Held

From

To

Were You Subject to the FMCSRs 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:

The Federal Motor Carriers Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway (a) to transport passengers, or property: (1) in interstate commerce with a GVWR of 10,001 pounds or more or (2) intrastate commerce with a GVWR of 26,001 pounds or more, (b) is designed or used to transport 9 or more passengers, or (c) is of any size and is used to transport hazardous materials in quantity requiring placarding.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. 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 hereby acknowledge I have read and understand the company's policy for Drug and Alcohol Testing which is required by Part 382 of the Federal Motor Carrier Safety Regulations.

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

DATE _____

APPLICANTS SIGNATURE _____