

DRIVER EXPERIENCE AND QUALIFICATION

	STATE	LICENSE NUMBER	TYPE	EXPIRATION
DRIVER LICENSES HELD IN THE PAST 3 YEARS				

- 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 _____
- C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS ?** YES _____ NO _____
- D. HAVE YOU EVER BEEN CONVICTED OF AN ALCOHOL RELATED MOTOR VEHICLE INCIDENT ?** YES _____ NO _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE ATTACH A STATEMENT GIVING DETAILS OF EACH

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE: VAN/ FLAT/ TANK	DATES		APPROX MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TWIN TRAILERS				
OTHER				

PLEASE LIST STATES YOU HAVE OPERATED IN DURING LAST 5 YEARS:

LIST SPECIAL COURSES OR TRAINING THAT MAY HELP YOU AS A DRIVER :

LIST SAFE DRIVING AWARDS HELD AND WHO PRESENTED THEM:

ACCIDENT REVIEW OF PAST 3 YEARS:

DATES	NATURE OF ACCIDENT: REAR END/ HEAD ON ETC.	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES IN PAST 3 YRS, OTHER THAN PARKING

LOCATION	DATE	CHARGES	PENALTY

EMPLOYMENT RECORD

THE U.S. DEPT. OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS SHOW ALL EMPLOYMENT FOR THE PAST 3 YEARS.
EFFECTIVE JULY, 1987, THEY MUST ALSO SHOW COMMERCIAL DRIVER EMPLOYMENT FOR THE 7 YEARS IMMEDIATELY
PRECEDING THIS 3 YEAR PERIOD. 391.21 (b)(10),(11)

START WITH CURRENT OR LAST EMPLOYER AND WORK BACK :

CURRENT EMPLOYER:		SUPERVISOR:
ADDRESS:		
PHONE:	POSITION HELD:	
FROM:	TO:	SALARY:
REASON FOR LEAVING:		

EMPLOYER:		SUPERVISOR:
ADDRESS:		
PHONE:	POSITION HELD:	
FROM:	TO:	SALARY:
REASON FOR LEAVING:		

EMPLOYER:		SUPERVISOR:
ADDRESS:		
PHONE:	POSITION HELD:	
FROM:	TO:	SALARY:
REASON FOR LEAVING:		

EMPLOYER:		SUPERVISOR:
ADDRESS:		
PHONE:	POSITION HELD:	
FROM:	TO:	SALARY:
REASON FOR LEAVING:		

EMPLOYER:		SUPERVISOR:
ADDRESS:		
PHONE:	POSITION HELD:	
FROM:	TO:	SALARY:
REASON FOR LEAVING:		

EMPLOYER:		SUPERVISOR:
ADDRESS:		
PHONE:	POSITION HELD:	
FROM:	TO:	SALARY:
REASON FOR LEAVING:		

TO BE READ AND SIGNED BY APPLICANT

**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.**

**I HEREBY AUTHORIZE CROSBY TRUCKING SERVICE, INC. TO MAKE
SUCH INVESTIGATIONS AND INQUIRIES INTO MY PERSONAL,
FINANCIAL, AND MEDICAL HISTORY AND OTHER RELATED MATTERS
AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.
I HEREBY RELEASE EMPLOYERS, PAST EMPLOYER SCHOOLS, AND
/OR PERSONS QUESTIONED FROM ALL LIABILITY IN RESPONDING
TO INQUIRIES IN CONNECTION WITH MY APPLICATION.**

**IN THE EVENT OF MY EMPLOYMENT, I UNDERSTAND THAT FALSE OR
MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW
MAY RESULT IN MY BEING DISCHARGED UPON DISCOVERY.**

**I UNDERSTAND THAT AS A CONDITION OF MY APPLICATION FOR
EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO A DRUG SCREEN,
AND SHOULD THAT TEST PROVE POSITIVE, I WILL NOT BE CONSIDERED FOR
EMPLOYMENT BY CROSBY TRUCKING SERVICE INC.**

**I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND
REGULATIONS OF THIS COMPANY, AS PERMITTED BY LAW.**

PRINT FULL NAME:

DATE

SIGNATURE

EMPLOYER REPRESENTATIVE

TITLE

URINE DRUG TESTING CONSENT FORM

I HEREBY AGREE TO SUBMIT TO A URINE DRUG TEST, AS MANDATED IN THE FEDERAL REGISTER, 49 CFR, SECTION 391.

I UNDERSTAND THAT IF MY TEST IS POSITIVE FOR CONTROLLED SUBSTANCES, I WILL BE MEDICALLY UNQUALIFIED TO OPERATE A COMMERCIAL VEHICLE.

I FURTHER UNDERSTAND THAT MEDICAL REVIEW OFFICER (MRO) WILL EVALUATE THE RESULTS OF MY TEST. THIS INFORMATION WILL BE RELEASED TO MY EMPLOYER OR PROSPECTIVE EMPLOYER, BUT NOT TO ANY OTHER THIRD PARTY, WITHOUT MY PRIOR WRITTEN CONSENT.

PRINT NAME:

DATE:

SIGNATURE :

TERMINAL

POST-OFFER EMPLOYMENT APPLICATION

MEDICAL HISTORY

LIST ANY PHYSICAL LIMITATIONS: GLASSES, HEARING AID, LIMB IMPAIRMENTS, DISEASES, ETC.

ARE YOU CAPABLE OF HEAVY MANUAL LABOR ?

WERE YOU EVER INJURED ON THE JOB ?

EXPLAIN ANY ON THE JOB INJURIES:

HOW MUCH TIME HAVE YOU LOST FROM WORK FOR ILLNESSES IN THE PAST 3 YEARS ?

HAVE YOU EVER RECEIVED WORKMANS COMPENSATION PAYMENTS ?

DATE OF LAST PHYSICAL _____ DOCTORS NAME _____

DOCTORS ADDRESS _____

DOCTORS TELEPHONE _____