Drivers Application for Contract Driving Position

A-1 Delivery Services, Inc
5322 Elm Street
Houston, TX 77081
713-664-9999

****This application was created based on requirements according to the FMCSA****

Applicant Name (First, Middle, Maiden if Applicable, Last)		Type of Vehicle (s)
Phone Number	Email Address	Social Security Number
Date of Birth	Do You have the legal right to work in the US?	Can you provide proof of age?
Is there any limitation (physical or otherwise) that might prevent you from performing the functions of the job for which you are applying? If yes, please explain.		
Have you ever been convicted of a felony? If yes, please explain fully on a separate sheet of paper. *Conviction of a crime is not an automatic bar to employment. *		

Previous 3 Years of Residency (Attach Sheet if More Space is Needed)

Current Address (Include City/State/Zip)	How Long?
Previous Address (Include City/State/Zip)	How Long?
Previous Adress (Include City/State/Zip)	How Long?

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type/Class	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From	Dates To	Approx. Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor -Two Trailers				
Other				

Accident Record for Past 3 Years or more (attach sheet if more space is needed)

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills	
				Yes	No
				Yes	No
				Yes	No

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)
(Attach sheet if more space is needed)

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (Forfeited Bond, Collateral and/or Points)

Circle One

A. Have you ever been denied a license, permit, or privilege to operator a motor vehicle? Yes No

If yes, explain: _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, explain: _____

Employment Record (Attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three (3) years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten (10) years employment record)

Must list the complete mailing address: Street Number and Name, City, State and Zip Code
Start with Your Most Recent Employer

Company Name				
Address (Including City, State and Zip)			Phone Number	
Position Held	From (Month/Year)	To (Month/Year)	Salary	
Reason For Leaving:				
Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?			Yes	No
Was the previous job position designated as a safety sensitive function on any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?			Yes	No

(Employment Record: Continued)

Company Name			
Address (Including City, State and Zip)			Phone Number
Position Held	From (Month/Year)	To (Month/Year)	Salary
Reason For Leaving:			
Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason:			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	Yes	No
Was the previous job position designated as a safety sensitive function on any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Yes	No

Company Name			
Address (Including City, State and Zip)			Phone Number
Position Held	From (Month/Year)	To (Month/Year)	Salary
Reason For Leaving:			
Any gaps in employment and/or unemployment must be explained. Include Dates (Month/Year) and reason:			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?	Yes	No
Was the previous job position designated as a safety sensitive function on any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	Yes	No

TO BE READ AND SIGNED BY APPLICANT

I authorize A-1 Delivery Services, Inc to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving to an employment decision. (Generally, inquiries regarding medical history will be made only if an after a conditional off of employment has been extended.) 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 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 understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to A-1 Delivery Services, Inc; and
- Have a rebuttal statement attached to the alleged erroneous information; if the previous employer (s) and I cannot agree on the accuracy of the information"

_____ _____

DATE APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ _____

DATE APPLICANT'S SIGNATURE