Truck Driver Application for Employment

DOT / FMCSA-compliant driver application • Sample completed form

Company Information

Company Name	Acme Freight Lines LLC
Contact Name	John Smith
Email	hiring@acmefreightlines.com
Phone	(555) 010-2030

Basic Information

First Name	John
Last Name	Doe
Email	john.doe@example.com
Phone	555-123-4567
Address	123 Main Street
City	Springfield
State	IL
Zip Code	62701
Date of Birth	06/14/1985
SSN	123-45-6789
Driver Type What type of position are you applying for?	Company driver
Applying Location What location are you applying for?	Chicago
Legally Eligible Are you legally eligible for employment in the United States?	Yes
Currently Employed Are you currently employed?	No
Last Employment End Date	06/04/2025
License Type	Class A
CDL Number	CDL123456789

Issuing State	IL
CDL Holder Since	2015
CDL Issue Date	12/31/2021
HAZMAT	Yes
TWIC	No
Doubles/Triples	Yes
Tanker	Yes
Passenger	No
Straight Truck Experience	7-8 years
Tractor and Semi-Trailer Experience	3-4 years
Tractor - Two Trailers Experience	Less than 1 year
Total companies changed in past 3 years	3
Years of Driving Experience	7
Home Time How often do you want to go back home?	once a week
Home Stay Duration How long do you want to stay home?	1-2 days

Previous Employment History #1	
Company Name	ABC Trucking
Start Date (MM/YYYY)	2020-01-01
End Date (MM/YYYY)	2023-12-01
Address	456 Transport Ave
City	Chicago
State	IL
ZIP Code	60601
Phone	555-987-6543
Email	hr@abctrucking.com
Fax	555-987-6544
Position Held	Company driver

Reason for Leaving	Better opportunity
Were you terminated/discharged/laid off?	No
Is this your current employer?	N/A
May we contact this employer?	Yes
Did you operate a commercial motor vehicle?	Yes
Were you subject to the FMCSR?	Yes
Did you perform safety-sensitive functions?	Yes
Areas Driven	Midwest, Northeast
Miles Driven Weekly	2500
Pay Range (cents/mile)	0.65
Most Common Truck Driven	Semi-Truck (Tractor-Trailer / 18-Wheeler)
Most Common Trailer	Dry Van Trailer
Trailer Length	53 ft

Previous Employment History #2	
Company Name	XYZ Logistics
Start Date (MM/YYYY)	2018-06-01
End Date (MM/YYYY)	2019-12-01
Address	789 Highway Blvd
City	Milwaukee
State	WI
ZIP Code	53202
Phone	414-555-7890
Email	info@xyzlogistics.com
Fax	414-555-7891
Position Held	Owner operator
Reason for Leaving	Company downsizing
Were you terminated/discharged/laid off?	Yes
Is this your current employer?	N/A

May we contact this employer?	No
Did you operate a commercial motor vehicle?	Yes
Were you subject to the FMCSR?	Yes
Did you perform safety-sensitive functions?	Yes
Areas Driven	Great Lakes, Southeast
Miles Driven Weekly	3000
Pay Range (cents/mile)	0.58
Most Common Truck Driven	Box Truck (Straight Truck)
Most Common Trailer	Flatbed Trailer
Trailer Length	48 ft

Authorization

Federal FCRA Summary of Rights Acknowledgment By checking this box, I acknowledge that I have read and understand the federal FCRA Summary of Rights.	Yes
PSP Disclosure and Authorization	Yes
FCRA Disclosure	Yes
FCRA Authorization	Yes
Employment Verification Acknowledgment and Release (DOT Drug and Alcohol)	Yes
Clearinghouse Release	Yes
Summary of Rights Under 15 U.S.C. Section 1681m(a)	Yes
Investigative Consumer Report Disclosure	Yes

Background Check

Disqualification Status Under FMCSR 391.15, are you currently disqualified from driving a commercial motor vehicle?	Yes
Reason for Disqualification	Medical condition - diabetes
License Suspension History Has your license, permit or privilege to drive ever been suspended or revoked?	Yes

Reason for License Suspension	DUI conviction in 2020
License Denial History Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	No
Drug and Alcohol Testing History Within the past two years, have you tested positive, or refused to test?	Yes
Additional Detail	Failed pre hire test
Date of last positive or refusal	12/14/2023
Criminal History In the past three(3) years, have you ever been convicted of any offenses?	No

Final Signature & Agreement

By signing below, I confirm that all information provided is true and complete.
I authorize the company to run MVR and PSP checks as part of my application process.

Signature:	
Agreement I agree and authorize the company to run MVR and PSP as part of my application.	Yes