



**EMPLOYMENT HISTORY FOR PAST 3 YEARS - CDL DRIVERS MUST PROVIDE 7 YEARS ADDITIONAL**

(USE SEPARATE SHEET IF NECESSARY)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Last Employer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area

Address \_\_\_\_\_  
Street City State Zip

From \_\_\_\_\_ To \_\_\_\_\_ Job Description \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

Second Last Employer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area

Address \_\_\_\_\_  
Street City State Zip

From \_\_\_\_\_ To \_\_\_\_\_ Job Description \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

Third Last Employer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area

Address \_\_\_\_\_  
Street City State Zip

From \_\_\_\_\_ To \_\_\_\_\_ Job Description \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

Fourth Last Employer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area

Address \_\_\_\_\_  
Street City State Zip

From \_\_\_\_\_ To \_\_\_\_\_ Job Description \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

**EMPLOYMENT GAPS**

Explain any periods that you were not working: \_\_\_\_\_

**NOTICE TO APPLICANT**

**Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following questions.**

Can you perform the functions described in the job description? \_\_\_\_\_

Please explain how, with, or without reasonable accommodation, you will be able to perform those functions. \_\_\_\_\_

Previous Salary? \_\_\_\_\_ Salary Desired? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_ Have you ever been convicted of a felony, misdemeanor or criminal violation? \_\_\_\_\_

**MUST BE READ AND SIGNED BY APPLICANT**

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

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.

\_\_\_\_\_  
Applicant's Signature Date

**PREVIOUS EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and 9e))

The prospective employee is required by Sec.40.25(j) to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes No

Have you ever tested positive on any drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes No

If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY TO BE USED IN CONJUNCTION WITH INVESTIGATION INTO PREVIOUS EMPLOYMENT**

First Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results
Second Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results
Third Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results
Fourth Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results