

### Commercial Driver Application Supplement

	Location	Date
Name	Date of Birth (required for CDL Drivers)	
Address (Street, City, State, Zip)	Social Security Number  (copy of card required for CDL Drivers)	
Telephone Number	Other Form of ID _____ State _____	
Previous Addresses Over The Past Two Years		
Street 1	City1	State
2		Zip
List States In Which Un-Expired Motor Vehicles Operator Licenses Or Permits Are Currently Held By You		
State 1	License Number	Class and Expiration Date
2		
3		
List Types Of Vehicles Operated, Briefly Describe Your Experience With Each Type Of Vehicle		
List All Motor Vehicle Accidents In Which You Were Involved In The Last Three Years		
Date Of Accident	Location Of Accident	Nature Of Accident
Fatalities or personal injuries involved in any of the above? – explain (give date, location, nature of accident) (use attachment, if necessary)		
List all violations of motor vehicle laws or ordinances (other than violations involving parking) of which you were convicted or forfeited bond or collateral during the last three years.		
1.		
2.		
3.		
Have You Ever Had Any License, Permit Or Privilege To Operate A Motor Vehicle Denied, Revoked Or Suspended? • No • Yes – Explain		
<i>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 understand that my position as a Driver requires me to comply with the Drug Free Workplace and Substance Abuse Testing Policy as a condition of employment.</i>		
Applicant's Signature		Date

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

**Applicant Authorization.** I hereby authorize you to release the following information for the purposes of investigation as required by Section 391.23 of the **Federal Motor Carrier Safety Regulations**. You (my previous employer or representative thereof) are released from all liability which may result from furnishing such information. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

Name of Applicant (printed)		Applicant Signature	
Date of this request			

The following named individual has made application to . for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ (insert job title) from \_\_\_\_\_ to \_\_\_\_\_.

Please return this completed report to the following authorized individual:

Name of Company hiring representative:
Address: 1330 Bellwood Road
North Chesterfield, VA 23237
(804) 275-8600 Corporate office or Fax (804) 275-8601

Name of Applicant	
Applicant was employed:	
From _____ to _____ (enter dates) as _____ (enter title) on a <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time basis at a Wage or Salary of _____ per _____	
Did he or she drive a motor vehicle for you? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, check type(s) below: <input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Other (Specify) _____	
Was he/she a safe and efficient driver? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain. _____	
Reason for leaving your employment (check one) <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Military duty	
Was his/her general conduct satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, please explain.	
Please advise history of past driving record if available for the past three years.	

### Federal Motor Carrier Safety Act – Your Rights

I hereby acknowledge that I have been given information on the following rights as required by Section 391.23 of the **Federal Motor Carrier Safety Regulations**:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I understand that I must provide written request to the Corporate Safety Director of , in the event I want to review previous employer-provided investigative information. This request may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

Company will provide this information to the applicant within five (5) business days of receiving the written request. If Company has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Company receives the requested safety performance history information.

If the driver/applicant has not arranged to pick up or receive the requested records within thirty (30) days making them available, We may consider the driver to have waived his/her request to review the records.

	Location	Date
Applicant Name (printed)	Applicant Signature	