

PRAIRIE HEIGHTS COMMUNITY SCHOOL CORPORATION TRANSPORTATION

0305 S 1150 E
LaGrange, IN 46761
Telephone: 260-351-3214
Fax: 260-351-3614



COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED – PRINT OR TYPE

Personal Data: _____ **Date:** _____

Name: _____

Address: _____

Home Telephone: (____) _____ Cellular telephone: (____) _____

Date of Birth: _____ Social Security Number: ____-____-____



If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From ____ to ____

City _____ State ____ Zip _____

2 Street _____ Dates: From ____ to ____

City _____ State ____ Zip _____

3 Street _____ Dates: From ____ to ____

City _____ State ____ Zip _____

Use backside of sheet for additional addresses



Driver's License Information: all licenses held, last 3 years:

State: _____ Number _____ Expiration Date _____

State: _____ Number _____ Expiration Date _____

State: _____ Number _____ Expiration Date _____



All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities Y or N Injuries _____

Date _____ Describe _____ Fatalities Y or N Injuries _____



List all Traffic Violations, Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle Y/N

Date _____ Violation _____ State _____ Commercial Vehicle Y/N

Date _____ Violation _____ State _____ Commercial Vehicle Y/N



Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

⇔ Yes ⇔ No

If yes; state of issuance; explanation: _____



Employment History (last 10 years) account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes No

Reason for Leaving: _____

2) Employer: _____ Dates _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes No

Reason for Leaving: _____

3) Employer: _____ Dates _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes No

Reason for Leaving: _____

4) Employer: _____ Dates _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Phone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance & alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers



CERTIFICATION

"I certify 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



TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date



SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment: _____

Time & Date of Pre-Employment Results: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____



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DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, 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?

Check one: ⇔ Yes ⇔ No

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone: _____

In addition, if the answer to the above question is YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone: _____

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

Signature of Applicant

Date

GOOD FAITH EFFORTS TO VERIFY SAFETY PERFORMANCE HISTORY

The following attempts were made, but failed to verify the information required by 49CFR Part 382.413, 40.25, and/or 301.23 for driver applicant: _____

Company Contacted: _____

Contacted by: Mail Telephone Fax

Telephone: _____ Fax: _____

Person Contacted: _____

Position: _____

Notes: _____

Complaint filed per 386.12 No Yes If yes, date of filing:

Signature

Company Contacted: _____

Contacted by: Mail Telephone Fax

Telephone: _____ Fax: _____

Person Contacted: _____

Position: _____

Notes: _____

Complaint filed per 386.12 No Yes If yes, date of filing:

Signature

Company Contacted: _____

Contacted by: Mail Telephone Fax

Telephone: _____ Fax: _____

Person Contacted: _____

Position: _____

Notes: _____

Complaint filed per 386.12 No Yes If yes, date of filing:

Signature