

DOT Driving Experience



Today's Date:		Branch #:		DOT Entity:	
APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
Home Address		City		State	Zip Code
Date of Birth		Social Security Number			
RESIDENCY					
Please list your addresses of residency for the past 3 years . Attach additional sheet if more space is needed.					
Check this box if you have lived at the above address longer than 3 years. <input type="checkbox"/>					
Address	City	State	Zip Code	Length of Stay (Yrs/Mos)	
Address	City	State	Zip Code	Length of Stay (Yrs/Mos)	
Address	City	State	Zip Code	Length of Stay (Yrs/Mos)	
EMPLOYMENT HISTORY					
All driver applicants must list all employers during the preceding 3 years .					
Applicants to drive a CDL vehicle* must provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.					
<i>List the most recent employer first. Please list additional employers on another page.</i>					
Employer #1:		Employer Name			
Address	City	State	Zip Code	Telephone	
Position	Supervisor's Name		Supervisor's Title		
Employed from:	To:	Base Pay/Hourly Rate \$	Ending Pay Rate \$	Reason for leaving	
Were you subject to the FMCSR** while employed?		YES	NO		
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?					
		YES	NO		
Employer #2:		Employer Name			
Address	City	State	Zip Code	Telephone	
Position	Supervisor's Name		Supervisor's Title		
From: (month/year)	To: (month/year)	Base Pay/Hourly Rate \$	Ending Pay Rate \$	Reason for leaving	
Were you subject to the FMCSR** while employed?		YES	NO		
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?					
		YES	NO		

Employer #3:		Employer Name		
Address		City	State	Zip Code
Telephone				
Position		Supervisor's Name	Supervisor's Title	
From: (month/year)	To: (month/year)	Base Pay/Hourly Rate \$	Ending Pay Rate \$	Reason for leaving
Were you subject to the FMCSR** while employed? YES NO				
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO				
ACCIDENT RECORD				
Please list your accident record for the past 3 years. Attach additional sheet if more space is needed.				
Check this box if none. <input type="checkbox"/>				
Date	Nature of Accident (Head-on, Rear-end, Upset, etc)	# of Fatalities	# of Injuries	Hazardous Material Spill
TRAFFIC CONVICTIONS				
Please list your traffic convictions and forfeitures for the past 3 years (other than parking violations).				
Attach additional sheet if more space is needed.				
Check this box if none. <input type="checkbox"/>				
Date	State	Violation	Penalty	
EXPERIENCE & QUALIFICATIONS - DRIVER				
Please list all driver licenses or permits held in the past 3 years.				
Driver Licenses	State	License Number	Class	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO				
B. Has any license, permit, or privilege ever been suspended or revoked? YES NO				
If the answer to either A or B is 'YES,' please provide details here:				

DRIVING EXPERIENCE				
Class of Equipment <i>Circle YES or NO</i>	Type of Equipment <i>(Van, Tank, Flat, Etc.)</i>	Dates <i>From (M/Y) To (M/Y)</i>		Approx. No. of Miles (Total)
Straight/Box Truck YES NO				
Tractor & Semi-Trailer YES NO				
Tractor – Two Trailers YES NO				
Tractor – Three Trailers YES NO				
Motorcoach/ School Bus •more than 8 passengers? YES NO				
•more than 15 passengers? YES NO				
Other:				
List states operated in for the last 5 years:				
Special courses or training that will help you as a driver:				
Which safe driving awards do you hold and from whom?				
EXPERIENCE & QUALIFICATIONS - OTHER				
List any trucking, transportation, or other experience that may help in your work for IBP:				
List courses or training other than shown elsewhere in this application:				
List special equipment or technical materials you can work with (other than those already shown):				
Signature: _____ Date: _____				
<p>* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.</p> <p>** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.</p>				

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RESIDENCY

Please list your addresses of residency for the past 3 years (excluding your current address which is listed above).

Address	City	State	Zip Code	Length of Stay (Yr/Mo)
Address	City	State	Zip Code	Length of Stay (Yr/Mo)
Address	City	State	Zip Code	Length of Stay (Yr/Mo)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

List the most recent employer first. Please List additional employers on another page.

Employer #4: Present or Most Recent Employer:

Address	City	State	Zip Code	Telephone
Position	Supervisor's Name		Supervisor's Title	
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:

Were you subject to the FMCSR** while employed? ☐ YES ☐ NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO

Employer #5:

Address	City	State	Zip Code	Telephone
Position	Supervisor's Name		Supervisor's Title	
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:

Were you subject to the FMCSR** while employed? ☐ YES ☐ NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO

Employer #6:

Address	City	State	Zip Code	Telephone
Position	Supervisor's Name		Supervisor's Title	
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:

Were you subject to the FMCSR** while employed? ☐ YES ☐ NO

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ YES ☐ NO