

FOR GENERAL OFFICE USE ONLY

APPROVED FOR HIRE: UNIT NUMBER: HIRE DATE:

NOT APPROVED FOR HIRE: REASON:

DRUG TEST RESULT: DATE:

DRIVER'S NAME:

DATE: TERMINAL NO: TRAILER TYPE:

This Prospective Driver is a: (Circle One) Owner- Operator Driver for:

Who referred this driver ?

ADDRESS:

CITY: STATE: ZIP: PHONE: ()

SS #: // DATE OF BIRTH:

CDL LICENSE: STATE: EXPIRATION:

Email Address Mobile Number

HAS THIS PROSPECTIVE DRIVER HAD ANY ACCIDENTS WITHIN THE LAST THREE (3) YEARS,
EITHER CHARGEABLE OR NONCHARGEABLE? YES NO

IF YES, GIVE DETAILS:

IN THE LAST THREE YEARS HAS THIS PROSPECTIVE DRIVER HAD ANY MOVING VIOLATIONS?
YES NO IF YES, GIVE DETAILS:

IN THE LAST FIVE YEARS HAS THIS PROSPECTIVE DRIVER BEEN CONVICTED OF A DUI, DWI,
FELONY OR THEFT? YES NO

THIS SECTION MUST BE SIGNED AND WITNESSED

FORMER EMPLOYER: _____ DATE: _____

You are hereby authorized to give _____, all information regarding my services, character and conduct while in your employ, and you are released from any and all liability that may result from furnishing such information.

WITNESS SIGNATURE

DRIVER SIGNATURE

Complete the driver's previous employment for at least the last three years. All gaps must be explained.

Be sure the driver supplies the Carrier and NOT the owner of the equipment.

List employers in reverse order starting with the most recent. Add another sheet if necessary.

Current or Last Employer	May we contact current employer?	YES	NO
CARRIER'S NAME:			
CITY / STATE / ZIP:			
PHONE: ()		DATES OF EMPLOYMENT:	
REASON FOR LEAVING:		TRAILER TYPE	
WERE YOU SUBJECT TO THE FMCSRs 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		
Second Last Employer			
CARRIER'S NAME:			
CITY / STATE / ZIP:			
PHONE: ()		DATES OF EMPLOYMENT:	
REASON FOR LEAVING:		TRAILER TYPE	
WERE YOU SUBJECT TO THE FMCSRs 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		
Third Last Employer			
CARRIER'S NAME:			
CITY / STATE / ZIP:			
PHONE: ()		DATES OF EMPLOYMENT:	
REASON FOR LEAVING:		TRAILER TYPE	
WERE YOU SUBJECT TO THE FMCSRs 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		
Fourth Last Employer			
CARRIER'S NAME:			
CITY / STATE / ZIP:			
PHONE: ()		DATES OF EMPLOYMENT:	
REASON FOR LEAVING:		TRAILER TYPE:	
WERE YOU SUBJECT TO THE FMCSRs 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		
Fifth Last Employer			
CARRIER'S NAME:			

CITY / STATE / ZIP:		
PHONE: ()	DATES OF EMPLOYMENT:	
REASON FOR LEAVING:	TRAILER TYPE:	
WERE YOU SUBJECT TO THE FMCSRS 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	
Sixth Last Employer		
CARRIER'S NAME:		
CITY / STATE / ZIP:		
PHONE: ()	DATES OF EMPLOYMENT:	
REASON FOR LEAVING:	TRAILER TYPE:	
WERE YOU SUBJECT TO THE FMCSRS 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	

ALL GAPS IN THE EMPLOYMENT HISTORY MUST BE EXPLAINED

**Please Print and Fax this completed 2 page form to the company your are applying to:
 American Transport Inc. - (412) 490-6156
 Greentree Transportation - (412) 787-4432
 Aetna Freight Lines - (330) 369-5204**