



4781 Lower Valley Rd.
 Atglen, PA 19310
 www.jdeckman.com

Drivers Application for Employment

Name _____
 (First) (Middle) (Maiden name, if any) (Last)

Address _____
 (Street) (City) (State & Zip Code) How Long?

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____ Email: _____

Today's Date: _____

Previous Three Years' Residency

(Street)	(City)	(State & Zip Code)	# Years
(Street)	(City)	(State & Zip Code)	# Years
(Street)	(City)	(State & Zip Code)	# Years

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license" I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi - Trailer				
Tractor -Two Trailers				
Other				

Names/Addresses/Contact Information of Previous Employers During Last Three Years

Name of Employer	Dates of Employment	Address	Reason for Leaving	Contact Person/Phone/Email	Safety Sensitive Position/DOT Regulated Testing Required <i>(check mark for yes)</i>

Accident Record For Past 3 Years or More (Attach Sheet if More Space is needed)

Dates	Nature of Accident (Head-on, Rear-end, upset etc.)	Number of Fatalities	Number of Injuries	Chemical Spills	
				Yes	No

Traffic Convictions and Forfeitures for the Past # Years (Other than Parking Violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, Collateral and/or points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes, explain _____

ACKNOWLEDGEMENT and AUTHORIZATION

I understand and affirm my understanding that the information I have provided herein may be used, and my previous employers will be contacted, for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of §391.23. I authorize J.D. Eckman, Inc. to make Investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. The following specific information will be requested from my prior employers to the extent I was employed in a safety sensitive or otherwise DOT testing designated position:

- Whether, in the last two years, I have record of:
 - Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - Verified positive drug tests;
 - Refusals to be tested (including verified adulterated or substituted drug test results);
 - Other violations of DOT agency drug and alcohol testing regulations; and
 - With respect to any violation of a DOT drug and alcohol regulation, documentation of my successful completion of DOT return-to-duty requirements (including follow-up tests).

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391 .23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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.

Date

Applicant's Signature