



Application for Driver Employment

PREMIER TRANSPORTATION

1500 Breda Drive, Knoxville, TN 37918
865-694-0304 Fax: 865-689-5552

Applicant Name: _____ Phone: () -

Address: _____
STREET CITY ST ZIP

Date of Birth: / / Social Security No.: - -
MM DD YYYY

E-mail address: _____

Address(s)
for the past
three years:

1. _____
STREET CITY ST ZIP HOW LONG?
2. _____
STREET CITY ST ZIP HOW LONG?
3. _____
STREET CITY ST ZIP HOW LONG?

EXPERIENCE & QUALIFICATIONS – DRIVER (Attach sheet if more space is needed)

LICENSE

| Driver License(s) | State | License No. | Type | 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, attach a statement giving details.*

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment (Van, Tank, Flat, etc.) | From (Date) | To (Date) | Approximate No. of Miles (Total) |
|--------------------|-------------------------------------------|-------------|-----------|----------------------------------|
| | | / / | / / | |
| | | / / | / / | |
| | | / / | / / | |
| | | / / | / / | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

| Date | Nature of Accident (Rear-end, upset, etc.) | Fatalities | Injuries |
|------|--------------------------------------------|------------|----------|
| / / | | | |
| / / | | | |
| / / | | | |

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (other than parking violations)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | / / | | |
| | / / | | |
| | / / | | |

EMPLOYMENT RECORD

(Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all

Commercial Driving Experience for the past 10 years

Last Employer: Name _____
Address _____
Position Held _____ From ____ / ____ / ____ to ____ / ____ / ____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Second Last Employer: Name _____
Address _____
Position Held _____ From ____ / ____ / ____ to ____ / ____ / ____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Third Last Employer: Name _____
Address _____
Position Held _____ From ____ / ____ / ____ to ____ / ____ / ____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Fourth Last Employer: Name _____
Address _____
Position Held _____ From ____ / ____ / ____ to ____ / ____ / ____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Fifth Last Employer: Name _____
Address _____
Position Held _____ From ____ / ____ / ____ to ____ / ____ / ____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Sixth Last Employer: Name _____
Address _____
Position Held _____ From ____ / ____ / ____ to ____ / ____ / ____ Salary: _____
Reason(s) for leaving _____
Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Per Sec. 391.23(i)(1), you have the following rights regarding the investigative information obtained from previous employers:

- (i) The right to review information provided by previous employers;*
- (ii) The right to have errors in the information corrected by the previous employer & 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.*

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past three years.

- Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.
- No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

CERTIFICATION OF APPLICANT

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize Premier Transportation to make any and all necessary and appropriate investigations including a background check to verify the information contained herein, including criminal records and work experience.

I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

Signature _____ Date _____