

APPLICATION FOR EMPLOYMENT

BUD COLEY TRUCKING INC
279 N COLEY RD TUPELO MS 38801

PERSONAL INFORMATION

NAME:

(First)

(Middle)

(Maiden Name, if any)

(Last)

ADDRESS:

HOW LONG?

(Street)

(City)

(State & Zip Code)

DATE OF BIRTH:

SOCIAL SECURITY #:

TELEPHONE #:

EMAIL ADDRESS:

HIRE DATE:

PREVIOUS THREE YEARS RESIDENCY

STREET	CITY	STATE & ZIP	YEARS?

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 FROM	DATES TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI TRL				
TRACTOR - TWO TRLS				

OTHER				
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EMPLOYMENT RECORD

Applicants that desire to drive intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

MUST LIST COMPLETE MAILING ADDRESS, STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE.

LAST LAST EMPLOYER: NAME:	_____	PHONE:	_____
ADDRESS:	_____ _____		
POSITION HELD:	_____	SALARY:	_____
FROM (mo/yr):	_____	TO (mo/yr):	_____
REASONS FOR LEAVING:	_____ _____		
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED (INCLUDE DATES & REASONS):			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?	☐ YES ☐ NO
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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
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SECOND LAST EMPLOYER: NAME:	_____	PHONE:	_____
ADDRESS:	_____ _____		
POSITION HELD:	_____	SALARY:	_____
FROM (mo/yr):	_____	TO (mo/yr):	_____
REASONS FOR LEAVING:	_____ _____		
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED (INCLUDE DATES & REASONS):			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?	☐ YES ☐ NO
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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
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THIRD LAST EMPLOYER: NAME:	_____	PHONE:	_____
ADDRESS:	_____ _____		

POSITION HELD:

SALARY:

FROM (mo/yr):

TO (mo/yr):

REASONS FOR LEAVING:

**ANY GAPS IN EMPLOYMENT
AND/OR UNEMPLOYMENT
MUST BE EXPLAINED
(INCLUDE DATES & REASONS):**

Were you subject to the Federal Motor Carrier Safety Regulations
(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

EMPLOYMENT RECORD (CONTINUED)

FOURTH LAST EMPLOYER:
NAME:

PHONE:

ADDRESS:

POSITION HELD:

SALARY:

FROM (mo/yr):

TO (mo/yr):

REASONS FOR LEAVING:

**ANY GAPS IN EMPLOYMENT
AND/OR UNEMPLOYMENT
MUST BE EXPLAINED
(INCLUDE DATES & REASONS):**

Were you subject to the Federal Motor Carrier Safety Regulations (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:
NAME:

PHONE:

ADDRESS:

POSITION HELD:

SALARY:

FROM (mo/yr):

TO (mo/yr):

REASONS FOR LEAVING:

**ANY GAPS IN EMPLOYMENT
AND/OR UNEMPLOYMENT
MUST BE EXPLAINED
(INCLUDE DATES & REASONS):**

Were you subject to the Federal Motor Carrier Safety Regulations (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:
NAME:

PHONE:

ADDRESS:

POSITION HELD:

SALARY:

FROM (mo/yr):

TO (mo/yr):

REASONS FOR LEAVING:

ANY GAPS IN EMPLOYMENT
AND/OR UNEMPLOYMENT
MUST BE EXPLAINED
(INCLUDE DATES & REASONS):

Were you subject to the Federal Motor Carrier Safety Regulations
(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

SEVENTH LAST EMPLOYER:
NAME:

PHONE:

ADDRESS:

POSITION HELD:

SALARY:

FROM (mo/yr):

TO (mo/yr):

REASONS FOR LEAVING:

ANY GAPS IN EMPLOYMENT
AND/OR UNEMPLOYMENT
MUST BE EXPLAINED
(INCLUDE DATES & REASONS):

Were you subject to the Federal Motor Carrier Safety Regulations
(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

ACCIDENT & TRAFFIC RECORD

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES (mo/yr)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	CHEMICAL SPILL?
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL, 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:

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure 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, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 waive the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those 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.

I certify that I completed this application, and that all entries and information on it are true and complete to the best of my knowledge.

DATE:

APPLICANT'S SIGNATURE:

DECLARATION OF EMPLOYMENT STATUS

Under the Federal Motor Carrier Safety Regulations (sections 391.23 and 40.25), we are required to verify employment background of all prospective employees for the preceding 3 years on work history and 3 years on controlled substance/alcohol testing. You have advised that you were unemployed or self-employed during the time periods shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

FROM:	_____	TO:	_____
FROM:	_____	TO:	_____
FROM:	_____	TO:	_____

During the period specified I was engaged as follows:

I also confirm that during that period, the statements I have checked below are true:

- ☐ 1. I was not employed in any capacity on a full-time or regular part-time basis.
- ☐ 2. I was not self-employed.
- ☐ 3. I did not collect unemployment during this period.
- ☐ 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the Motor Carrier industry.
- ☐ 5. I was not involved in a motor vehicle accident of any type.

Verifiable References (Two persons not related to you who can verify the above info):

DOT DRUG & ALCOHOL CLEARINGHOUSE MANDATE

The Drug and Alcohol Clearinghouse is an online database that provides motor carriers, licensing agencies, and law enforcement officials with real-time information about truck drivers who have violated DOT drug or alcohol testing rules. Motor Carriers must check the Clearinghouse when hiring each new CDL driver and every year for existing CDL drivers.

You must go to the Clearinghouse website to register and grant electronic consent whenever your Motor Carrier is required to purchase a full Clearinghouse report on you. **You will not be allowed to continue operating a commercial motor vehicle (CMV) or perform other safety-sensitive duties if you refuse to grant this consent (§382.703(c)).**

The following violations or events are reported to the Clearinghouse:

- Any verified positive, adulterated, or substituted drug test result.
- Any confirmed alcohol test result of 0.04 or higher.
- Any refusal to submit to a DOT-required drug or alcohol test.
- On-duty alcohol use, or alcohol use within 4 hours before going on duty.
- Any alcohol use within 8 hours of an accident or before a post-accident test.
- Prohibited drug use while on duty.
- Successful completion of the return-to-duty process following treatment.

I hereby acknowledge receiving educational information about the CDL Drug & Alcohol Clearinghouse as required under §382.601(b)(12).

DRIVER'S NAME (PRINT): _____

DATE: _____

DRIVER'S SIGNATURE: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name): _____ SSN: _____
Date of Birth: _____ Previous Employer: _____
Street Address: _____ Telephone #: _____
City, State, Zip: _____ Email Address: _____

I hereby authorize the release and forwarding of the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years to **Bud Coley Trucking Inc.**

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER (ACCIDENT HISTORY)

The applicant named above was employed by us: ☐ YES ☐ NO

Employed as: _____ From (m/y): _____ To (m/y): _____

Did he/she drive a motor vehicle for you? ☐ YES ☐ NO If yes, what type?

☐ Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples

Reason for leaving: ☐ Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty

ACCIDENTS: Complete for any accidents on your register (§390.15(b)) involving the applicant in the past 3 years:

DATE	LOCATION	# INJURIES	# FATALITIES	HAZMAT SPILL?