



CDL EMPLOYMENT FORM

PERSONAL DETAILS

Full Name:

Date:

Address:

Phone:

Email:

Position Applied for

Date Available:

Are you a citizen of the United States:

Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No

If yes, when? Dates Here

Have you ever been convicted of a felony? Yes No

If yes, explain

Date of Birth:

Social Security Number:

EDUCATION

School Name	Location	Years Attended	Degree Received	Major
High School	City, State	Years Attended	Degree	Major
College or Tech School	City, State	Years Attended	Degree	Major
College or Tech School	City, State	Years Attended	Degree	Major

MILITARY SERVICE

Branch: Military Branch.

Rank at Discharge: Rank at Discharge.

Dates of Service Dates in the Military

Duties or Job Training Describe Relevant Job Tasks

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess for one (1) month must be explained.** Start with the last or current position, including any military experience, and work backwards (attach separate sheets if

necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Company: Company Name	Phone: Company Phone Number
Address: Company Address	Dates of Employment: Dates Employed
Position Held: Job Title	Reason for Leaving: Click or tap here to enter text.
Can we contact your previous supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designed as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Any Gaps in Employment (Include Month/Year & Reason) Click or tap here to enter text.

Company: Company Name	Phone: Company Phone Number
Address: Company Address	Dates of Employment: Dates Employed
Position Held: Job Title	Reason for Leaving: Click or tap here to enter text.
Can we contact your previous supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designed as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Any Gaps in Employment (Include Month/Year & Reason) Click or tap here to enter text.

Company: Company Name	Phone: Company Phone Number
Address: Company Address	Dates of Employment: Dates Employed
Position Held: Job Title	Reason for Leaving: Click or tap here to enter text.
Can we contact your previous supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was the job designed as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

Explain Any Gaps in Employment (Include Month/Year & Reason) [Click or tap here to enter text.](#)

Company: Company Name Phone: Company Phone Number

Address: Company Address Dates of Employment: Dates Employed

Position Held: Job Title Reason for Leaving: Click or tap here to enter text.

Can we contact your previous supervisor: Yes No

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was the job designed as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

Explain Any Gaps in Employment (Include Month/Year & Reason) [Click or tap here to enter text.](#)

Company: Company Name Phone: Company Phone Number

Address: Company Address Dates of Employment: Dates Employed

Position Held: Job Title Reason for Leaving: Click or tap here to enter text.

Can we contact your previous supervisor: Yes No

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was the job designed as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

ADDRESS HISTORY (10 YEARS REQUIRED)

	Street	City	State	Zip	# of years at address
Current	<input type="text"/> Street Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip	<input type="text"/> Years Here

Mailing	Mailing Address if Different	City	State	Zip	Years Here
Previous	Street Address	City	State	Zip	Years Here
Previous	Street Address	City	State	Zip	Years Here
Previous	Street Address	City	State	Zip	Years Here

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the last 3 years; attach additional sheets if needed.

State	License #	Type/Class	Endorsements	Expiration Date
State	License Number	Type/Class	Endorsements	Expiration Date

Previously Held Licenses

State	License Number	Type/Class	Endorsements	Expiration Date
State	License Number	Type/Class	Endorsements	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. # of Miles (Total)
Straight Truck	Type	Month, Year	Month, Year	Mileage
Tractor & Semi-Trailer	Type	Month, Year.	Month, Year	Mileage
Tractor & 2 Trailers	Type	Month, Year	Month, Year	Mileage
Tractor & Tanker	Type	Month, Year	Month, Year	Mileage
Other	Type	Month, Year	Month, Year	Mileage

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain: [Click or tap here to enter text.](#)

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, explain: [Click or tap here to enter text.](#)

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

Dates (Most Recent First)	Nature of Accident (Head-on, rear-end, upset, etc.)	# Fatalities	# Injuries	Chemical Spills (Y/N)
Date	Type of Accident	Number	Number	SELECT
Date	Type of Accident	Number	Number	SELECT
Date	Type of Accident	Number	Number	SELECT

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

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral, and/or points)
Month, Year	Violation	State	Penalty
Month, Year	Violation	State	Penalty
Month, Year	Violation	State	Penalty
Month, Year	Violation	State	Penalty

TO BE READ AND SIGNED BY APPLICANT

I understand that the information I provide regarding my current and/or prior 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. I understand that I have 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 resend 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.

By signing below, I authorize Adams Sanitation to pull my complete driving record history and to verify any information contained therein.

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

Applicant Signature:	Signature	Date:	Today's Date
Applicant Name (printed):	Printed Name		

A background check will be conducted after an offer of employment has been made to candidates who meet minimum employment qualifications for the position. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date, surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Hire Date: Click or tap to enter a date. **Start Date:** Click or tap to enter a date.

Position: CDL DRIVER **Starting Pay Rate:** Click or tap to enter pay rate.

Scheduled On-Boarding Date: [Click or tap here to enter text.](#) 9:30 AM 1:30 PM

Adams Sanitation * PO Box 953 * Milton, FL 32572 * 850-537-3282