



## DRIVER'S APPLICATION FOR EMPLOYMENT

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

How long have you resided at this address? \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Comm Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

### **Past Addresses (3 Years)**

*FMCSA regulations require that you provide all addresses that you have resided at for the preceding three years from the date this application is made.*

Address: \_\_\_\_\_  
Street City State Zip

How long did you reside at this address? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long did you reside at this address? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long did you reside at this address? \_\_\_\_\_

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Can you provide proof of age? ☐ Yes ☐ No

Have you worked for Pioneer Steel & Pipe Co before? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

### Employment History (10 Years)

*All driver applicants must provide the following information on all employers during the preceding three years and applicants assigned to drive a commercial motor vehicle as defined by Part 383 in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such vehicle preceding the date of this application.*

Are you currently employed? ☐ Yes ☐ No

If not, how long since last employment? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under the requirements of CFR 49 Part 40? ☐ Yes ☐ No

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under the requirements of CFR 49 Part 40? ☐ Yes ☐ No

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under the requirements of CFR 49 Part 40? ☐ Yes ☐ No

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under the requirements of CFR 49 Part 40? ☐ Yes ☐ No

### **Accident / Driving History (3 Years)**

*Please provide the following information for any accident you were involved in for the past three years preceding the date of this application.*

Date of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

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Date of Accident: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Nature of accident: \_\_\_\_\_

### Traffic Violations (3 Years)

*Please provide a list of all violations of motor vehicle laws or ordinances (other than violations for parking) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application.*

| <u>Location</u> | <u>Date</u> | <u>Charge</u> | <u>Penalty</u> |
|-----------------|-------------|---------------|----------------|
| _____           | _____       | _____         | _____          |
| _____           | _____       | _____         | _____          |
| _____           | _____       | _____         | _____          |
| _____           | _____       | _____         | _____          |

### Experience and Qualifications

Do you currently hold any other licenses? ☐ Yes ☐ No

| <u>License #</u> | <u>Issuing State</u> | <u>Expires</u> |
|------------------|----------------------|----------------|
| _____            | _____                | _____          |
| _____            | _____                | _____          |

Has your license, permit, or privilege to operate a motor vehicle ever been suspended, revoked, or denied renewal? ☐ Yes ☐ No

If yes, please explain in detail the facts and circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Driving Experience:

*List the amount of years you have been operating the listed types of equipment.*

|                          |       |                          |       |
|--------------------------|-------|--------------------------|-------|
| Straight Truck           | _____ | Dry-Van / Reefer Trailer | _____ |
| Tractor / Semi-Trailer   | _____ | Tanker Trailer           | _____ |
| Tractor / Double/Triples | _____ | Flatbed Trailer          | _____ |
| Bus                      | _____ | Hazardous Materials      | _____ |
| Other (Specify):         | _____ |                          |       |

### Applicant Notice

I authorize: **Pioneer Steel & Pipe Co** to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. 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.

*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.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_