

# DOT Driving Experience



Today's Date: \_\_\_\_\_ Branch #: \_\_\_\_\_ DOT Entity: \_\_\_\_\_

## GENERAL INFORMATION

Last Name	First Name	Middle Name		
Home Address	City	State	Zip Code	

## RESIDENCY

Please list your addresses of residency for the past 3 years (excluding your current address which you listed above).

Address	City	State	Zip Code	Length of Stay (Yr/Mo)
Address	City	State	Zip Code	Length of Stay (Yr/Mo)
Address	City	State	Zip Code	Length of Stay (Yr/Mo)

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state and zip code. Applicants to drive a **List the most recent employer first. Please List additional employers on another page.**

### Employer #1: (Present or Most Recent Employer)

Address	City	State	Zip Code	Telephone
Position	Supervisor's Name		Supervisor's Title	
Employed from:	To:	Base Pay/Hourly Rate:	Ending Hourly Rate:	Reason for leaving:
		\$	\$	

Were you subject to the FMCSR\*\* 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

### Employer #2:

Address	City	State	Zip Code	Telephone
Position	Supervisor's Name		Supervisor's Title	
Employed from:	To:	Base Pay/Hourly Rate:	Ending Hourly Rate:	Reason for leaving:
_____(month)	_____(month)	\$	\$	
_____(year)	_____(year)			

Were you subject to the FMCSR\*\* 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



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<b>Employer #3:</b>				
Address	City	State	Zip Code	Telephone
Position		Supervisor's Name	Supervisor's Title	
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:
Were you subject to the FMCSR** while employed? <input type="radio"/> YES <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> NO				
<b>ACCIDENT RECORD</b>				
<i>Please list your accident record for the past 3 years or more (attach a sheet if more space is needed). If none, please write NONE.</i>				
<b>Date</b>	<b>Nature of Accident</b> (Head-on, Rear-end, Upset, etc)	<b>Fatalities</b>	<b>Injuries</b>	<b>Hazardous Material</b> <b>Spill</b>
Most Recent:				
Next Previous:				
Next Previous:				
<b>TRAFFIC CONVICTIONS</b>				
<i>Please list your traffic convictions and forfeitures for the past 3 years (other than parking violations). Attach additional sheets if more space is needed. If none, please write NONE.</i>				
<b>Date</b>	<b>Location</b>	<b>Charge</b>	<b>Penalty</b>	
<b>EXPERIENCE &amp; QUALIFICATIONS - DRIVER</b>				
<i>Please list all driver licenses or permits held in the past 3 years</i>				
<b>Driver Licenses</b>	<b>State</b>	<b>License No.</b>	<b>Type</b>	<b>Expiration Date</b>
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="radio"/> YES <input type="radio"/> NO				
B. Has any license, permit, or privilege ever been suspended or revoked? <input type="radio"/> YES <input type="radio"/> NO				
If the answer to either A or B is 'YES,' please provide details here:				



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DRIVING EXPERIENCE				
Class of Equipment <i>Please check YES or NO</i>	Type of Equipment <i>Put applicable answer in last column</i>	Dates		Approx. No. of Miles (Total)
		<i>From (M/Y)</i>	<i>To (M/Y)</i>	
Straight Truck <input type="radio"/> YES <input type="radio"/> NO	Van / Truck / Flat / Dump/ Refer			
Tractor & Semi-Trailer <input type="radio"/> YES <input type="radio"/> NO	Van / Truck / Flat / Dump/ Refer			
Tractor – Two Trailers <input type="radio"/> YES <input type="radio"/> NO	Van / Truck / Flat / Dump/ Refer			
Tractor – Three Trailers <input type="radio"/> YES <input type="radio"/> NO	Van / Truck / Flat / Dump/ Refer			
Motorcoach – School Bus <i>(more than 8 passengers)</i> <input type="radio"/> YES <input type="radio"/> NO				
Motorcoach - School Bus <i>(more than 15 passengers)</i> <input type="radio"/> YES <input type="radio"/> NO				
Other				
List states operated in for the last 5 years:				
Special courses or training that will help you as a driver:				
Which safe driving awards do you hold and from whom?				
EXPERIENCE & QUALIFICATIONS - OTHER				
List any trucking, transportation, or other experience that may help in your work for IBP:				
List courses or training other than shown elsewhere in this application:				
List special equipment or technical materials you can work with (other than those already shown):				
* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.				
** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.				
Signature: _____ Date: _____ 20_____				



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