

FELPS EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME
PHONE #	EMAIL	
DATE OF APPLICATION	POSITION APPLIED FOR	DATE AVAILABLE TO START?

Are you legally authorized to work in the United States?

YES NO

FELPS WEBSITE FRIEND / RELATIVE INQUIRY

JOB BOARD: _____

FELPS EMPLOYEE REFERRAL: Name _____

Salary Expectations

PREVIOUS THREE YEARS' RESIDENCY

	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
CURRENT MAILING if different					
PREVIOUS					
PREVIOUS					
PREVIOUS					

EDUCATION

SCHOOL	NAME& LOCATION	# OF YEARS COMPLETED	COURSE OF STUDY	GRADUATED Yes / No	DETAILS
High School					
College					
Other					

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 three (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 of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attached separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER

NAME	PHONE	May we contact this employer?	YES	NO	After hired
ADDRESS					
POSITION HELD	FROM MO/YR	TO MO/YR			
REASON FOR LEAVING	SALARY	RESPONSIBILITIES <small>(Do not indicate "see resume", please list as much as possible)</small>			
EXPLAIN ANY GAPS IN EMPLOYMENT					
Was the job designated 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? ***NOTE: IF YOU ARE NOT APPLYING TO A SAFETY SENSITIVE ROLE PLEASE ANSWER N/A.					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

SECOND(MOST RECENT) EMPLOYER

NAME	PHONE	May we contact this employer?	YES	NO	After hired
ADDRESS					
POSITION HELD	FROM MO/YR	TO MO/YR			
REASON FOR LEAVING	SALARY	RESPONSIBILITIES <small>(Do not indicate "see resume", please list as much as possible)</small>			
EXPLAIN ANY GAPS IN EMPLOYMENT					
Was the job designated 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? ***NOTE: IF YOU ARE NOT APPLYING TO A SAFETY SENSITIVE ROLE PLEASE ANSWER N/A.					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

THIRD (MOST RECENT) EMPLOYER				
NAME		PHONE		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> After hired
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING		SALARY		RESPONSIBILITIES (Do not indicate "see resume", please list as much as possible)
EXPLAIN ANY GAPS IN EMPLOYMENT				
Was the job designated 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? ***NOTE: IF YOU ARE NOT APPLYING TO A SAFETY SENSITIVE ROLE PLEASE ANSWER N/A.				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
FOURTH (MOST RECENT) EMPLOYER				
NAME		PHONE		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> After hired
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING		SALARY		RESPONSIBILITIES (Do not indicate "see resume", please list as much as possible)
EXPLAIN ANY GAPS IN EMPLOYMENT				
Was the job designated 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? ***NOTE: IF YOU ARE NOT APPLYING TO A SAFETY SENSITIVE ROLE PLEASE ANSWER N/A.				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
FIFTH (MOST RECENT) EMPLOYER				
NAME		PHONE		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> After hired
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING		SALARY		RESPONSIBILITIES (Do not indicate "see resume", please list as much as possible)
EXPLAIN ANY GAPS IN EMPLOYMENT				
Was the job designated 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? ***NOTE: IF YOU ARE NOT APPLYING TO A SAFETY SENSITIVE ROLE PLEASE ANSWER N/A.				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
OTHER QUALIFICATIONS				
Please list below any other qualifications that you have and which you believe should be considered.				
TO BE READ AND SIGNED BY APPLICANT				
I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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.				
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulation of the Company.				
FOR SAFETY SENSITIVE ROLES ONLY:				
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:				
<ul style="list-style-type: none"> • Review information provided by current/prior 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. 				
This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.				
Applicant Name:		Signature:		Date

FOR CDL HOLDERS ONLY!
PLEASE ALSO COMPLETE PAGE 3 OF APPLICATION

THIS SECTION TO BE COMPLETED BY COMMERCIAL DRIVERS' LICENSE HOLDERS ONLY!

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 past 3 years.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

PREVIOUSLY HELD LICENSES

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, BUCKET, DIGGER, ETC)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Check here if no accidents in past 3 years

DATES (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)	Additional Details

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

Check here if no accidents in past 3 years

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
If yes, explain _____

Has any license, permit, or privilege ever been suspended or revoked? YES NO
If yes, explain _____

FOR DOT SAFETY SENSITIVE POSITIONS ONLY

LAST 4 OF SSN: _____ DATE OF BIRTH: _____

DOT Employee Drug and Alcohol Statement: The employee is required by 49 CFR Part 40.25 to answer the following question:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years (or three years if a CDL Driver)? Check one: YES NO