



Driver's Addendum For Employment

Applicant's Name (Print) _____ Date Of Application _____ / _____ / _____

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

TO BE READ AND SIGNED BY APPLICANT

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 have the right to:

- Review information provided by 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;
- 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.

Signature: _____ Date: _____ / _____ / _____

Applicant To Complete

Position(s) Applied For _____ (v One) Full Time Part Time Temporary

Name _____ (First) _____ (Middle) _____ (Last)

_____-_____-_____ (v One) YES NO (_____) _____-_____ (_____) _____-_____

Social Security Number

Are you at least 21 years of age?

Cell Phone Number

Home Phone Number

List Your Addresses Of Residency For The Past 3 Years:

Current Address

Street _____ City _____ State _____ Zip Code _____ How Long? _____ Years _____ Months

Previous Addresses

Street _____ City _____ State _____ Zip Code _____ How Long? _____ Years _____ Months

Street _____ City _____ State _____ Zip Code _____ How Long? _____ Years _____ Months

Street _____ City _____ State _____ Zip Code _____ How Long? _____ Years _____ Months

Employment History

-All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

-Applicants to drive a commercial motor vehicle** in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Total 10 years employment record.)

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Current Or Last Employer _____ Contact Person _____ Phone Number (_____) _____ - _____

Street Address _____ City _____ State _____ Zip Code _____

Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____

Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour

Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?

(v One) YES NO

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

Current Or Last Employer _____ Contact Person _____ Phone Number (____) _____ - _____
 Street Address _____ City _____ State _____ Zip Code _____
 Position Held _____ From _____ / _____ / _____ To _____ / _____ / _____
 Reasons For Leaving _____ Salary \$ _____ or \$ _____ Per Hour
 Were you subject to the Federal Motor Carrier Safety Regulations*** while employed? (v One) 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 40 CFR Part 40?
 (v One) YES NO
 *ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____ / _____ / _____, _____

*Any gaps in employment and / or unemployment must be explained.

**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 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 pounds 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.

Driving Accident Record

Driving Accident Record for the past 3 years or more. (Write **NONE** here _____ if **No** accidents in the past 3 years.)

Date	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident ___/___/_____		# _____	# _____	Yes or No
Next Previous ___/___/_____		# _____	# _____	Yes or No
Next Previous ___/___/_____		# _____	# _____	Yes or No
Next Previous ___/___/_____		# _____	# _____	Yes or No

Traffic Convictions

Traffic Convictions and forfeitures for the past 3 years (other than parking violations). (Write **NONE** here _____ if **No** traffic convictions in the past 3 years.)

Location	Date	Charge	Penalty
	___/___/_____		
	___/___/_____		
	___/___/_____		
	___/___/_____		

Experience And Qualifications - Driver

	State	License Number	Class	Endorsement(s)	Expiration Date
Driver Licenses Or Permits Held In The Past 3 Years					___/___/_____
					___/___/_____
					___/___/_____
					___/___/_____
					___/___/_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (v One) YES NO
 B. Has any license, permit or privilege ever been suspended or revoked? (v One) YES NO
 If the answer to either A or B is Yes, give details _____

Driving Experience

Class Of Equipment (v One) YES <input type="checkbox"/> NO <input type="checkbox"/>	Type Of Equipment (Circle One)	Dates		Approximate Number Of Miles (Total)
		From (M / Y)	To (M / Y)	
Straight Truck _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	(Van / Tank / Flat / Dump / Refer)	___/_____	___/_____	
Tractor And Semi-Trailer _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	(Van / Tank / Flat / Dump / Refer)	___/_____	___/_____	
Tractor - Two Trailers _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	(Van / Tank / Flat / Dump / Refer)	___/_____	___/_____	
Tractor - Three Trailers _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	(Van / Tank / Flat / Dump / Refer)	___/_____	___/_____	
Motorcoach - School Bus (More Than 8 Pass.) _____ YES <input type="checkbox"/> NO <input type="checkbox"/>		___/_____	___/_____	
Motorcoach - School Bus (More Than 15 Pass.) _____ YES <input type="checkbox"/> NO <input type="checkbox"/>		___/_____	___/_____	
Other _____		___/_____	___/_____	

List states operated in for the last 5 years: _____
 Show special courses or training that will help you as a driver: _____
 Which safe driving awards do you hold and from whom? _____
 Show any trucking, transportation or other experience that may help in your work for Comer Construction, Inc. _____

To Be Read And Signed By Applicant

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.

Signature: _____ Date: ___/___/_____