



**COMMERCIAL DRIVER APPLICATION**  
FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED

Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_  
Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street: \_\_\_\_\_ Dates: From \_\_\_\_\_ TO \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2 Street: \_\_\_\_\_ Dates: From \_\_\_\_\_ TO \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3 Street: \_\_\_\_\_ Dates: From \_\_\_\_\_ TO \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Experience:

_____	To _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	To _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	To _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

All Accidents, last 3 years: (if none, write NONE)

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

**COMMERCIAL VEHICLE DRIVER APPLICANT  
Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25(j)**

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

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**449 CFR 40.25(j)**

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two weeks?		YES	NO
IF YES	Have you successfully completed the return-to-duty process?	YES	NO
IF YES	Documentation <b><u>MUST BE PROVIDED</u></b> before any safety-sensitive transportation function is performed.		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**TO BE COMPLETED BY EMPLOYER:**

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: Yes / No

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Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes     No    If Yes, State of issuance; explanation: \_\_\_\_\_

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Employment History, last 10 years – account for gaps between employers: (If owner/operator, list carriers leased to)

1    Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

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2    Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3 Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

4 Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

5 Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

6 Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

7 Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations during this Period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Use backside of sheet for additional employers

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send

the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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### Certification

**‘I certify 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.’**

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**Applicant’s Signature**

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**Date Signed**

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**TO BE COMPLETED BY THE EMPLOYER:**

Application received by:

Application reviewed for completeness by:

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Name

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Name

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Title

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Date

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Title

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Date

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Beaudry Oil is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected Veteran status.

## MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Beaudry Oil & Propane, I \_\_\_\_\_  
(applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Signed(applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ State: \_\_\_\_\_