3808 N. Sullivan, Bldg. 32
Spokane, WA 99216
Phone: 509-922-0944
Fax: 509-242-4429

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
All qualified applicants considered regardless of race, religion, color, age, sex, marital status, sexual orientation, nationality, veteran status or non-disqualifying disability.

APPLICATION FOR CDL DRIVERS COVERED BY DOT REQUIREMENTS: The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Inland Empire Distribution Systems.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

Date_____

Check One: ☐ Contractor ☐ Contractor's Driver ☐ Driver

Name_____
(First) (Middle) (Last)

Are you at least 21 years of age? ☐ Yes ☐ No

Date of Birth _____ Tobacco User? ☐ Yes ☐ No

Phone_____ Emergency No. _____

Soc. Security No. _____

Current & Three Years Previous Addresses

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a **Complete Record** of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Present or Last Employer

From_____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____

Phone # (_____) _____

Reason for Leaving _____

May we Contact? ☐ Yes ☐ No

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____

Reason for Leaving _____

Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____ Phone # (_____) _____

Reason for Leaving _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____ Phone # (_____) _____

Reason for Leaving _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____ Phone # (_____) _____

Reason for Leaving _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____ Phone # (_____) _____

Reason for Leaving _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____ Phone # (_____) _____

Reason for Leaving _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Next Previous Employer

From_____ To _____ Name _____
(Mo/Yr) (Mo/Yr)

Supervisor's Name _____ Address _____
(Street) (City) (State/Zip)

Position Held _____Salary_____ Phone # (_____) _____

Reason for Leaving _____

Were you subject to the FMCSRs* while employed here? ☐ 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

Driving Experience

Class of Equipment	Dates From	Dates To	Approximate Number of Miles (Total)
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years_____

_____

List special courses/training completed (PTD/DDC, Haz Mat, etc.) _____

What Safe Driving Awards do you hold and from whom? _____

Accident Record for past three years *(attach sheet if more space is needed)*

Dates	Nature of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

Traffic Convictions for Forfeitures for the last three years *(other than parking violations)*

Location	Date	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ..... ☐ Yes ☐ No
B. Has any license, permit or privilege ever been suspended or revoked? ..... ☐ Yes ☐ No
C. Have you been convicted of a criminal offense in the past 10 years? ..... ☐ Yes ☐ No

If the answer to A, B, or C is YES, give details._____

_____

_____

Personal Reference

List three persons for reference, other than relatives, who have knowledge of your safety habits.

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

To Be Read and Signed by Applicant

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I release and hold harmless and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or employment. I understand that refusal to take such tests may be cause for denial of employment or my dismissal. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State, or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT. I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post offer physical examination by a medical doctor.
Upon an offer of employment, I authorize the examining doctor, clinic, or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

_____

Applicant's Signature Date

Remarks