



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

Phone \_\_\_\_\_ Emergency No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tobacco User?  Yes  No

Current & Three Years Previous Addresses

Soc. Security No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Can you provide proof that you can be lawfully employed in the U.S? \_\_\_\_\_.

Have you applied for work here before? \_\_\_\_\_.

Do any of your relatives or persons of the same household work here? If Yes, Please give their name(s).

Are you required to register as a sex offender anywhere? \_\_\_\_\_.

We routinely check the criminal backgrounds of applicants. A conviction does not necessarily disqualify an applicant. Have you been convicted or plead guilty to a crime, been incarcerated, under community supervision or been required to do community service in the last seven years? \_\_\_\_\_ if yes please explain \_\_\_\_\_

Any prior commitments which would require absence of more than a few hours in the next 12 months \_\_\_\_\_

Are you physically able to safely and effectively perform all essential functions of the job with or without accommodation?

### 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 ten years, including any unemployment or self-employment, and all commercial driving experience.

#### 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  
mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  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 \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

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

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 Yes  No

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Position Held \_\_\_\_\_ Salary \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

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(Street) (City) (State/Zip)

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**Driving Experience**

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
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)

