



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 _____

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).

We routinely check the criminal backgrounds of applicants. A conviction does not necessarily disqualify an applicant.

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 _____

Phone # (_____) _____

Reason for Leaving _____

May we Contact? Yes No

Were you subject to the FMCSRs* while employed here? Yes No
mode 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

Yes No

Next Previous Employer

From _____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

Reason for Leaving _____

Phone # (_____) _____

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?

Was your job designated as a safety-sensitive function in any DOT-Regulated
 Yes No

Next Previous Employer

From _____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

Phone # (_____) _____

Reason for Leaving _____

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?

Was your job designated as a safety-sensitive function in any DOT-Regulated
 Yes No

Next Previous Employer

From _____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

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?

Was your job designated as a safety-sensitive function in any DOT-Regulated
 Yes No

Next Previous Employer

From _____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

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?

Was your job designated as a safety-sensitive function in any DOT-Regulated
 Yes No

Next Previous Employer

From _____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

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?

Was your job designated as a safety-sensitive function in any DOT-Regulated
 Yes No

Next Previous EmployerFrom _____ To _____
(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

Phone # (_____) _____

Reason for Leaving _____

May we Contact? Yes NoWere you subject to the FMCSRs* while employed here? Yes No
mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?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 _____

Phone # (_____) _____

Reason for Leaving _____

May we Contact? Yes NoWere you subject to the FMCSRs* while employed here? Yes No
mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?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		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)

