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 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

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(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

Phone # (_____) _____

Reason for Leaving _____

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Were you subject to the FMCSRs* while employed here? Yes No
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(Mo/Yr) (Mo/Yr)

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Address _____
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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?

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Next Previous Employer

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(Mo/Yr) (Mo/Yr)

Name _____

Supervisor's Name _____

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

Position Held _____

Phone # (_____) _____

Reason for Leaving _____

May we Contact? Yes No

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

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Next Previous Employer

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(Mo/Yr) (Mo/Yr)

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

Position Held _____ Phone # (_____) _____

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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 _____ 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

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)

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

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

Personal Reference

List three persons for reference, other than relatives, who have knowledge of your safe driving 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 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 safely and effectively perform essential work functions.

Applicant's Signature

Date

Please email the completed or printed application to iedshr@ieds.net.

Additional Information:
