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Commercial Driver Application

Fill in ALL blanks and provide ALL information requested - print or type:

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth: _____

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

Address 2: _____

City 2: _____ State 2: _____ Zip 2: _____

Address 3: _____

City 3: _____ State 3: _____ Zip 3: _____

Address 4: _____

City 4: _____ State 4: _____ Zip 4: _____

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

State: _____ Number: _____ Exp. Date: _____

State: _____ Number: _____ Exp. Date: _____

State: _____ Number: _____ Exp. Date: _____

Experience:

Vehicle Type: _____ From (date): _____ To (date): _____ Approx Mileage: _____

Vehicle Type: _____ From (date): _____ To (date): _____ Approx Mileage: _____

Vehicle Type: _____ From (date): _____ To (date): _____ Approx Mileage: _____

All accidents (past 3 years): (if none, write in NONE)

Date: _____ Describe: _____ Fatalities/Injuries: _____

Date: _____ Describe: _____ Fatalities/Injuries: _____

Date: _____ Describe: _____ Fatalities/Injuries: _____



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List all Traffic Violations Convictions, past 3 years: (if none, write in 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

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: _____

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: _____ Phone: _____

Were you subject to the 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: _____

2) Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Were you subject to the 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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3) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City: _____ State: _____ Zip: _____ Phone: _____

Were you subject to the 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: _____ Phone: _____

Were you subject to the 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: _____ Phone: _____

Were you subject to the 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: _____ Phone: _____

Were you subject to the 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: _____ Phone: _____

Were you subject to the 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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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.

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."

Applicant Signature: _____ Date Signed: _____



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Date: _____

CONTROLLED SUBSTANCE AND ALCOHOL QUESTIONNAIRE PURSUANT TO 49 CFR PART 40.25(J)

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

49 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes
No

IF YES: Have you successfully completed the return-to-duty process? Yes
No

IF YES: Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.

Signed:

Applicant Signature: _____ Date Signed: _____



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Date: _____

REQUEST FOR INFORMATION

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

Former Employer's Name: _____ Company: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Authorization: I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant: _____ Date: _____

Witnesses: _____ Date: _____

SEND RESPONSES TO: Stone Mountain Access Systems, Fax: 708.544.9013 or Email: jamin@stonemountainaccess.com