

# A & J FARMS COMMERCIAL DRIVER APPLICATION

P.O. Box 553, Eagle Point, OR 97524  
Phone (541) 830-5266 \* Fax (541) 830-5268

Date: \_\_\_\_\_

Driver Last Name, First Name, Middle \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**If you resided at your current address for less than 3 years, please provide addresses for all residences for previous 3 years.**  
*If additional addresses are required, use the backside of this sheet to list the remaining addresses and dates.*

Address, City, State & Zip Code: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address, City, State & Zip Code: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Address, City, State & Zip Code: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

## Drivers License Information: List all unexpired licenses held in the previous 3 years.

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Experience:

Type of Vehicle Driven	Trailer(s)	Approximate Miles	Dates (To/From)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List ALL Accidents and/or Incidents Which Have Occurred in the Past 3 Years:**

DATE	NATURE OF THE ACCIDENT	FATALITIES	PERSONAL INJURIES	COST
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**List ALL Violations of Motor Vehicle Laws or Ordinances** (other than parking) of which you were convicted, forfeited bond or collateral during the last 3 years. (Note: You agree that there will be no denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle has occurred.) If you have had any denial, revocation or suspension of any license, permit or privilege, detail the facts of the circumstance

DATE	OFFENSE	LOCATION (CITY/STATE)	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment History**

List all employers for the past 10 years. Account for any gaps in time over 30 days.

Employers Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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?  Yes  No

Reason for leaving: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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?  Yes  No

Reason for leaving: \_\_\_\_\_

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Employers Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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?  Yes  No

Reason for leaving: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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?  Yes  No

Reason for leaving: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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?  Yes  No

Reason for leaving: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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?  Yes  No

Reason for leaving: \_\_\_\_\_

*Use the backside of this sheet to list any additional employers*

For Driver Applicants of Commercial Motor Vehicles that Require a Commercial Drivers License (CDL) the Applicant Must Disclose their Controlled Substance and Alcohol Status per the Requirements of 49 CFR Part 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 (2) years.

No       Yes. If yes, did you successfully complete the return to duty process?  Yes       No

**Documentation MUST be provided before any safety-sensitive transportation function is performed**

The information provided will be used for the purpose of investigating the applicants safety performance history and your previous employers will be contacted as required by paragraphs (d) and (e) of 391.23.

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, 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, you must submit a written request to the prospective employer, which may be done 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) 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.

This certifies 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

In the space below please provide us with a list of emergency contact(s).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number