

# CDL APPLICATION



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Phone: 870-534-0241 Fax: 870-534-1159

Return email: [contact@gracerailroad.com](mailto:contact@gracerailroad.com)

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last                      First                      Middle

Current Address: \_\_\_\_\_  
Street                      City                      State                      Zip Code

If the above residence is less than three years, list below all residences for the past 3 years. Attach separate sheet if necessary.

\_\_\_\_\_  
Street                      City                      State                      Zip Code

\_\_\_\_\_  
Street                      City                      State                      Zip Code

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

**DRIVER EXPERIENCE & QUALIFICATIONS** ANSWER ALL QUESTIONS COMPLETELY

**LICENSES and Failed Test Information**

Drivers Licenses held in the past 3 years must be shown	State	License #	Class	Endorsement(s)	Expiration Date

40.25 (j) Have you 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/alcohol testing rules during the past 2 years?    ( ) Yes    ( ) No

If answered "yes" to the 40.25(j) question, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?    ( ) Yes    ( ) No

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 you answered yes to any of the above questions, explain your answer on a separate sheet of paper.**

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tanker, Flat, Reefer, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck Tractor/Trailer Doubles/Triples Bus				

**ACCIDENT REVIEW FOR THE PAST 3 YEARS (attach separate sheet if more space is needed)**

Nature of Accident (Head-on, Rear-end, Overturn, Backing, etc.)	Fatalities	Injuries	Date
Last Accident			
Next Previous			
Next Previous			

**TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years other than parking violations**

Location	Date	Charge	Penalty

**EMPLOYMENT HISTORY INFORMATION (PAST 3 YEARS OR 10 YEARS IF APPLICABLE)**

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Month/Year Month/Year

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

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? ( ) Yes ( ) No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? ( ) Yes ( ) No

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Month/Year Month/Year

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Month/Year Month/Year

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

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer? ( ) Yes ( ) No

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as requirements required by 49 CFR part 40? ( ) Yes ( ) No

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have the right to have errors in the information corrected by that previous employer to re-send the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommended to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

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

\_\_\_\_\_  
Applicant Signature

**APPLICANT MUST READ AND SIGN**