



Fastrak Express, Inc.  
288 Stevens Road  
Rising Sun, MD 21911  
410-658-0520 Fax 410-658-0526



## DRIVER EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

Date \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ How Long? \_\_\_\_\_

Street

City

State

Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

### ADDRESS FOR PAST THREE YEARS

\_\_\_\_\_ How Long? \_\_\_\_\_

Street

City

State

Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_

Street

City

State

Zip Code

Can you provide proof of age? \_\_\_\_\_ Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_



Employer		Date	
Name:		From: Mo Yr	To: Mo Yr
Address:		Position Held:	
City:	St: Zip:	Salary/Wage:	
Contact Person:	Phone#:	Reason for leaving:	
Were you subject to FMCSRs + while employed? <input type="radio"/> yes <input type="radio"/> 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? <input type="radio"/> yes <input type="radio"/> no			

Employer		Date	
Name:		From: Mo Yr	To: Mo Yr
Address:		Position Held:	
City:	St: Zip:	Salary/Wage:	
Contact Person:	Phone#:	Reason for leaving:	
Were you subject to FMCSRs + while employed? <input type="radio"/> yes <input type="radio"/> 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? <input type="radio"/> yes <input type="radio"/> no			

Employer		Date	
Name:		From: Mo Yr	To: Mo Yr
Address:		Position Held:	
City:	St: Zip:	Salary/Wage:	
Contact Person:	Phone#:	Reason for leaving:	
Were you subject to FMCSRs + while employed? <input type="radio"/> yes <input type="radio"/> 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? <input type="radio"/> yes <input type="radio"/> no			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

**Military Status**

Have you service in the U.S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_

**Education**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended \_\_\_\_\_

Name

City

**Experience and Qualifications- Driver**

**Driver's Licenses**

List all driver licenses or permits held in the past 3 years

State	License No.	Type	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 EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
<b>Straight Truck</b>				
<b>Tractor and Semi-Trailer</b>				
<b>Tractor- Two Trailers</b>				
<b>Other</b>				

List States operated in the last five years

\_\_\_\_\_  
\_\_\_\_\_

Show Special Courses or Training that will help you as a Driver:

\_\_\_\_\_  
\_\_\_\_\_

Which Safe Driving Awards do you hold and from whom?

\_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE**  
**(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

Dates	Nature of Accident (Head-On, Rear- End, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next previous			
Next previous			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**  
**(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS**

Show any Trucking, Transportation or other Experience that may help in your work for this company.

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List Courses and Training other than shown elsewhere in this application.

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List special equipment or technical materials you can work with (other than those already shown)

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Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

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If yes, explain if you wish.

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TO BE READ AND SIGNED BY APPLICANT 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.

As part of the application process, I am aware that certain prequalification procedures are involved. This may include a driving test, training and other pre hiring examinations. I understand and agree that during this period I am not an employee of the company, and I am not entitled to receive any pay or compensation for my time spent in these procedures.

I authorize you to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Fastrak Express, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;

- Have errors in the information corrected by previous employers and for those previous employers to re-send the Corrected information to the prospective employer; and

- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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Applicant's Signature

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Date