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COMMERCIAL DRIVER APPLICATION
 Fill in ALL Blanks and provide ALL information requested

Date: _____ Date of Birth: _____
 Name: First _____ Middle _____ Last _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____
 Social Security Number: _____-_____-_____

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

1. Address: _____ Dates: From _____ To _____
 City: _____ State: _____ Zip: _____
2. Address: _____ Dates: From _____ To _____
 City: _____ State: _____ Zip: _____
3. Address: _____ Dates: From _____ To _____
 City: _____ State: _____ Zip: _____

Use backside of sheet for additional addresses

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

State: _____ Number: _____ Expiration Date: _____
 State: _____ Number: _____ Expiration Date: _____
 State: _____ Number: _____ Expiration Date: _____

Driving Experience:

_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven
_____	_____ to _____	_____
Type of vehicle driven	Dates	Approximate mileage driven

List all accidents, last 3 years: (If none, write NONE)

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

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List all traffic violations, last 3 years: (If none, write NONE)

Date: _____ Violation: _____ State: _____ Commercial Vehicle (Y/N): _____

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Date: _____ Violation: _____ State: _____ Commercial Vehicle (Y/N): _____

Date: _____ Violation: _____ State: _____ Commercial Vehicle (Y/N): _____

Date: _____ Violation: _____ State: _____ Commercial Vehicle (Y/N): _____

Date: _____ Violation: _____ State: _____ Commercial Vehicle (Y/N): _____

Date: _____ Violation: _____ State: _____ Commercial Vehicle (Y/N): _____

Have you ever had any driver's license denied, suspended, revoked, or cancelled by an issuing state agency?

Yes No If yes, state of issuance and explanation: _____

Employment history, last 10 years (383.35) – account for gaps between employers: (If owner/operator, list carriers leased to)

1. Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

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 Code: _____
Telephone: _____
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: _____

3. Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
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 Code: _____
Telephone: _____
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 Code: _____
Telephone: _____
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 Code: _____
Telephone: _____
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 Code: _____
Telephone: _____
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: _____

Use backside of sheet for additional references

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 any time, 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

TO BE COMPLETED BY EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date