



400 ENGLISH ROAD
POST OFFICE BOX 628
ROCKY MOUNT, NORTH CAROLINA 27802-0628
800-426-0162 OR 252-985-1070
FAX: 252-985-3226

DRIVER APPLICATION

NAME: _____ PHONE: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

ADDRESS: _____ HOW LONG? _____

PAST 3 YR _____

STREET	CITY	STATE	ZIP	NUMBER OF YEARS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVER EXPERIENCE AND QUALIFICATIONS

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle, the information for which is listed below.

STATE	LICENSE NUMBER	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____

IF YES, GIVE DETAILS _____

B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? _____

Have you ever been disqualified under DOT FMCSR regulations? _____

If yes, give details _____

Driving Experience

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN, TANK, FLAT, ETC)	DATE FROM:	DATE TO:	APPROXIMATE # OF MILES
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
OTHER				

ACCIDENT HISTORY (3 YEARS)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS

DATE CONVICTED (MONTH/YEAR)	VIOLATION (OTHER THAN PARKING)	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). **You are required to list the complete mailing address: street number and name, city, state and zip code. Any gaps in employment and/or unemployment must be explained. Attach sheet if more space is needed.**

<p>CURRENT OR LAST EMPLOYER: NAME _____</p> <p>ADDRESS _____ PHONE _____</p> <p>POSITION HELD _____ FROM _____ TO _____ SALARY _____</p> <p>REASONS FOR LEAVING _____</p> <p>Were you subject to the FMCSRs while employed? _____ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 48 CFR Part 40? _____</p> <p>ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____</p>

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Were you subject to the FMCSRs while employed? _____ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 48 CFR Part 40? _____
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Were you subject to the FMCSRs while employed? _____ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 48 CFR Part 40? _____
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Were you subject to the FMCSRs while employed? _____ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 48 CFR Part 40? _____
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Were you subject to the FMCSRs while employed? _____ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 48 CFR Part 40? _____
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Were you subject to the FMCSRs while employed? _____ Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 48 CFR Part 40? _____
ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates and reason: _____

TO BE READ AND SIGNED BY APPLICANT

With my signature below, I am authorizing current and/or previous employers to release any and all information regarding my services, character, conduct, and participation in the drug and alcohol-testing program while I was employed.

I hereby authorize Crown Carriers and/or B&H Insurance Services to obtain my Motor Vehicle Driving Record for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

I hereby release current and/or previous employers from any and all liability, which may result from furnishing such information to Crown Carriers.

In the event of lease and/or employment, I understand that false or misleading information given in my application or interview(s) may result in termination of lease or employment. I further understand that I am required to abide by all rules and regulations of Crown Carriers.

"I understand that the 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 performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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."

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

COMMENTS: _____



DRIVER QUALIFICATION REQUIREMENTS

MINIMUM AGE – 23 with a current class A Commercial Driver's License's (CDL)

MINIMUM EXPERIENCE – At least two (2) years of verifiable professional over-the-road tractor-trailer experience with vans.

MAXIMUM NUMBER OF VIOLATIONS – No more than two (2) moving violations in the past three (3) years. No DWI or careless and reckless driving violations in within the past three (3) years. (All applicants are subject to approval by our insurance company)

MAXIMUM NUMBER OF ACCIDENTS – No more than one (1) at fault accident within the past three (3) years.

PREVIOUS EMPLOYMENT – Applicants must provide information of previous employment for the last ten (10) years (DOT requirement FMCSR part 391.21). This includes the dates, reason for leaving, names, and addresses of previous employers.

PRE-EMPLOYMENT DRUG TESTING – All applicants will meet the DOT guidelines as set forth in FMCSR part 382.301. All results will be held in confidential files in the Safety Department.

MVR AND ROAD TEST: Motor Vehicle Reports (MVR) will be checked on all potential applicants. A road test of no less than 10 miles in traffic may be given to potential applicants. This will include right and left turns, proper use of turn signals, backing, and ability to follow directions. The road test will be at the discretion of Crown Carriers.

PHYSICAL EXAMINATIONS – Drivers will be required to take a DOT physical before employment or lease (DOT requirement FMCSR part 391.41). Exceptions – any driver applicant with the proof of a current medical report (long form and medical card required) will be allowed.