



## COMMERCIAL DRIVER APPLICATION

Company: Big Chief Plant Services  
Address: 3520 Big Elk Drive  
City: Elk City  
State: Oklahoma  
Zip: 73644

### APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for: \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMERGENCY PHONE (\_\_\_\_) \_\_\_\_\_

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

### CURRENT & PREVIOUS THREE YEARS ADDRESSES:

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

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



**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From To
Company Name
Position Held
Reason for leaving
Company phone ( )
Company Street Address City State Zip Code
Were you subject to the FMCSRs while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr
From To
Company Name
Position Held
Reason for leaving
Company phone ( )
Company Street Address City State Zip Code
Were you subject to the FMCSRs while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr
From To
Company Name
Position Held
Reason for leaving
Company phone ( )
Company Street Address City State Zip Code
Were you subject to the FMCSRs while employed here? Yes 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? Yes No

Mo/Yr Mo/Yr
From To
Company Name
Position Held
Reason for leaving
Company phone ( )
Company Street Address City State Zip Code
Were you subject to the FMCSRs while employed here? Yes 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? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr  
Company Name \_\_\_\_\_  
Position Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone (\_\_\_\_\_) \_\_\_\_\_  
Company Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr  
Company Name \_\_\_\_\_  
Position Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone (\_\_\_\_\_) \_\_\_\_\_  
Company Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr  
Company Name \_\_\_\_\_  
Position Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone (\_\_\_\_\_) \_\_\_\_\_  
Company Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

From \_\_\_\_\_ Mo/Yr To \_\_\_\_\_ Mo/Yr  
Company Name \_\_\_\_\_  
Position Held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Company phone (\_\_\_\_\_) \_\_\_\_\_  
Company Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Attach additional sheets for 10-year history, if needed.)

**DRIVING EXPERIENCE**

Class of Equipment	From	To	Approximate # of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			
Tractor & Triple Trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT,ETC) \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accident (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three (3) years):**

State	License	Type	Endorsements	Expiration Date




Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

### **Job References**

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **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.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_