



**OVERNIGHT PARTS ALLIANCE**  
 210 Automation Way Irondale, AL 35210  
 205-380-3176  
**An Equal Opportunity Employer**  
**DRIVER EMPLOYMENT APPLICATION**



COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

**APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
Phone		Email			
Date of Birth		Social Security #			
Date of Application		Position Applied For		Date Available for Work	

Will you require any accommodation during the course of a job interview? \_\_\_\_\_  
 \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Have you ever worked for this company before?  Yes  No

If yes, Please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here:  Yes  No If yes, Name: \_\_\_\_\_

Do you have a reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time?  Yes  No

\*Have you ever pled guilty or "no Contest" to a crime or been convicted of a crime?  Yes  No

If yes, please give date and details of each: \_\_\_\_\_

\*Disclosure of a conviction does not automatically disqualify an applicant from consideration for employment. DO NOT include information about convictions that have been expunged, sealed, or otherwise pursuant to any Federal or State statute.

**PREVIOUS THREE YEARS RESIDENCY**

Attach additional sheet if more space necessary

	Street	City	State	Zip Code	# of years at address
Current					
Mailing					
Previous					
Previous					
Previous					

### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License #	Type/Class	Endorsements	Expiration Date
Previously Held Licenses				

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, ETC.)	Date From	Date To	Approx # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

### ACCIDENT RECORD FOR THE PAST 5 YEARS

Attach additional sheet if more space is needed.  
Check this box if no accidents.

Date (List most recent first)	Nature of Accident (Head-on, rear-end, etc.)	# of fatalities	# of injuries	Chemical Spill Y / N

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed.  
Check this box if no convictions/forfeitures.

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)

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

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

### PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

Within the last three (3) years, have you ever 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?  Yes  No

If yes, have you successfully completed the return-to-duty process?  Yes  No

### EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list ALL employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

#### Current (most recent) Employer

Name		Phone	
Address			

	Street	City	State	Zip
Position Held		From Mo/Yr	To Mo/Yr	
Reason For Leaving				Salary

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by CFR, part 40?  Yes  No

Explain any GAPS in employment (include month/year & reason) \_\_\_\_\_

**Second (most recent) Employer**

Name				Phone			
Address							
		Street			City	State	Zip
Position Held				From Mo/Yr			To Mo/Yr
Reason For Leaving						Salary	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by CFR, part 40?  Yes  No

Explain any GAPS in employment (include month/year & reason) \_\_\_\_\_

**Third (most recent) Employer**

Name				Phone			
Address							
		Street			City	State	Zip
Position Held				From Mo/Yr			To Mo/Yr
Reason For Leaving						Salary	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by CFR, part 40?  Yes  No

Explain any GAPS in employment (include month/year & reason) \_\_\_\_\_

**Fourth (most recent) Employer**

Name				Phone			
Address							
		Street			City	State	Zip
Position Held				From Mo/Yr			To Mo/Yr
Reason For Leaving						Salary	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by CFR, part 40?  Yes  No

Explain any GAPS in employment (include month/year & reason) \_\_\_\_\_

**Fifth (most recent) Employer**

Name				Phone		
Address						
	Street		City		State	Zip
Position Held			From Mo/Yr			To Mo/Yr
Reason For Leaving					Salary	

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by CFR, part 40?  Yes  No

Explain any GAPS in employment (include month/year & reason) \_\_\_\_\_

Have you ever been denied terminated or asked to resign from any job?  Yes  No

If yes, please explain \_\_\_\_\_

**EDUCATION**

School	Name & Location	Course of Study	Years Completed	Graduate		Details
				Yes	No	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have which you believe should be considered.


**REFERENCES**

Name	Occupation	Address	Phone #	No. of Years known

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding my current and/or prior 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. 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 resend 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.

This certifies that I have completed this application, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

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

Applicant Name (printed) \_\_\_\_\_

Date \_\_\_\_\_