



**TRUCK DRIVING SCHOOL**  
**19653 HWY 59, Summerdale, AL 36580**

Section 1 (Administrative Information)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ ALT Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Current Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP

Section 2 (Previous Addresses)

Please list any previous addresses that you have resided during the 3 years preceding the date of this application. If you have lived at no other residences in the 3 years preceding the date of this application skip section 2.

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP  
Dates resided at residence From : \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP  
Dates resided at residence From : \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP  
Dates resided at residence From : \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Section 3 (Commercial Driver's License Information)

Please list the issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you. If you possess no commercial license or permit please skip section 3.

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_  
State: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

**Section 4 (Driving History)**

Please list the nature and extent of the your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated.

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Please list all motor vehicle accidents in which you have been involved during the 3 years preceding the date of this application specifying the date and nature of each accident and any fatalities or any injuries it caused.

Date: \_\_\_/\_\_\_/\_\_\_ Nature of accident: \_\_\_\_\_  
Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Nature of accident: \_\_\_\_\_  
Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Nature of accident: \_\_\_\_\_  
Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) which you were convicted or forfeited bond or collateral during the 3 years preceding the date of this application.

Date: \_\_\_/\_\_\_/\_\_\_ Violation: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Violation: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Violation: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Violation: \_\_\_\_\_

Please state in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred.

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Section 5 (Criminal History)

Please list all misdemeanor and felony convictions or pending criminal cases.

Charge: \_\_\_\_\_ Date Charged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sentence: \_\_\_\_\_

Charge: \_\_\_\_\_ Date Charged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sentence: \_\_\_\_\_

Charge: \_\_\_\_\_ Date Charged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sentence: \_\_\_\_\_

Charge: \_\_\_\_\_ Date Charged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sentence: \_\_\_\_\_

Are you currently on probation or parole for this offense: \_\_\_\_\_

Section 6 (Employment History)

Please list the names and addresses of the applicant's employers during the 10 years preceding the date this application was submitted.

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR's at this employer? **Yes or No**

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR's at this employer? **Yes or No**

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR's at this employer? **Yes or No**

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR's at this employer? **Yes or No**

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR's at this employer? **Yes or No**  
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR's at this employer? **Yes or No**  
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR's at this employer? **Yes or No**  
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR's at this employer? **Yes or No**  
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR's at this employer? **Yes or No**  
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Dates Employed: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR's at this employer? **Yes or No**  
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? **Yes or No**

Disclaimer

All information provided in this application may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by FMCSR 391.23 paragraphs (d) and (e).

CDL of AL must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to FMCSR 391.23 paragraphs (d) and (e):

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) 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.

(2) Drivers 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 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-business days deadline 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 his/her request to review the records.

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.

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(Applicant's signature)

(Date)

Date Submitted

