



DRIVER EMPLOYMENT APPLICATION

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v04.23.21

POSITION	<input type="radio"/> COMPANY DRIVER	<input type="radio"/> OWNER-OPERATOR	AVAILABILITY	<input type="radio"/> LOCAL	<input type="radio"/> SHORT-HAUL	<input type="radio"/> REGIONAL
LOCATION	<input type="radio"/> ORLANDO, FL	<input type="radio"/> JACKSONVILLE, FL	<input type="radio"/> SAVANNAH, GA	<input type="radio"/> PENNSAUKEN, NJ	AVAILABLE START DATE	

APPLICANT INFORMATION			
DATE OF APPLICATION			
FULL NAME			SOCIAL SECURITY #
E-MAIL ADDRESS			DATE OF BIRTH
HOME PHONE #			CELLULAR PHONE #
HAVE YOU APPLIED TO AQUA GULF OR ANY OF ITS DIVISIONS IN THE PAST?	<input type="radio"/> YES	<input type="radio"/> NO	DATES AND POSITIONS
HAVE YOU EVER BEEN CHARGED (OR PENDING) OF A CRIMINAL CHARGE?	<input type="radio"/> YES	<input type="radio"/> NO	DATES AND DETAILS
DO YOU HAVE A TWIC CARD?	<input type="radio"/> YES	<input type="radio"/> NO	EXPIRATION DATE
HOW DID YOU HEAR ABOUT US?	<input type="radio"/> CRAIGSLIST <input type="radio"/> FACEBOOK <input type="radio"/> INDEED <input type="radio"/> CDL LIFE <input type="radio"/> DRIVER REFERRAL <input type="radio"/> OTHER _____		

PREVIOUS THREE YEARS RESIDENCE		
CURRENT ADDRESS		HOW LONG (YEARS, MONTHS)
PREVIOUS ADDRESS		HOW LONG (YEARS, MONTHS)
PREVIOUS ADDRESS		HOW LONG (YEARS, MONTHS)
PREVIOUS ADDRESS		HOW LONG (YEARS, MONTHS)

DRIVING EXPERIENCE AND QUALIFICATIONS					
CURRENT DRIVER'S LICENSE (CDLA)	STATE	CLASS	LICENSE NUMBER	EXPIRATION DATE	ENDORSEMENT(S)
HAVE YOU HELD A CDL IN ANY OTHER STATE?			<input type="radio"/> YES <input type="radio"/> NO	IF YES, PROVIDE THE STATE(S)	
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEHICLE?			<input type="radio"/> YES <input type="radio"/> NO	IF YES, PROVIDE ANY DETAILS	
HAS ANY OF YOUR LICENSES EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON?			<input type="radio"/> YES <input type="radio"/> NO	IF YES, PROVIDE ANY DETAILS	
HOW MUCH CDL CLASS A EXPERIENCE DO YOU HAVE?			YEARS		MONTHS

MOTOR VEHICLE VIOLATIONS

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING) THAT YOU WERE CHARGED (OR PENDING) OR FORFEITED BOND OR COLLATERAL DURING THE 5 YEARS PRECEDING THE DATE OF THIS APPLICATION. IF NONE, SELECT "NONE" AND SKIP TO THE NEXT SECTION.

N/A	<input type="radio"/> I HAVE NO MOTOR VEHICLE VIOLATIONS DURING THE 5 YEARS PRECEDING THE DATE OF THIS APPLICATION. THIS SECTION WILL REMAIN BLANK.			
CITY	STATE	DATE	CHARGE	PENALTY
HAVE YOU EVER BEEN CHARGED (OR PENDING) DUI / DWI?		<input type="radio"/> YES <input type="radio"/> NO		IF YES, PROVIDE DATES AND DETAILS

MOTOR VEHICLE ACCIDENTS

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE 3 YEARS PRECEDING THE DATE OF THIS APPLICATION. IF NONE, SELECT "NONE" AND SKIP TO THE NEXT SECTION.

N/A	<input type="radio"/> I HAVE NO MOTOR VEHICLE ACCIDENTS DURING THE 3 YEARS PRECEDING THE DATE OF THIS APPLICATION. THIS SECTION WILL REMAIN BLANK.					
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLL OVER, ETC.)	CITY	STATE	HAZARDOUS MATERIAL SPILLAGE	CAUSED FATALITY OR INJURY	RECEIVED A TRAFFIC CITATION
				<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

EMPLOYMENT HISTORY (1)

LIST THE NAMES AND ADDRESSES OF ALL EMPLOYERS FOR WHOM YOU HAVE WORKED IN THE 10 YEARS PRECEDING THE DATE OF THIS APPLICATION. PLEASE LIST FROM MOST RECENT TO OLDEST AND INCLUDE DRIVING AND NON-DRIVING RELATED EMPLOYERS.

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD	REASON FOR LEAVING				
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR	PHONE #				
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (2)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (3)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (4)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (5)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (6)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (7)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (8)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EMPLOYMENT HISTORY (9)

EMPLOYER NAME		DATE FROM		DATE TO	
POSITION HELD		REASON FOR LEAVING			
STREET ADDRESS					
CITY		STATE		ZIP CODE	
SUPERVISOR		PHONE #			
WERE YOU SUBJECT TO ANY AND ALL FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED BY THIS EMPLOYER?					<input type="radio"/> YES <input type="radio"/> NO
WAS THE JOB POSITION DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?					<input type="radio"/> YES <input type="radio"/> NO
WHAT TYPE OF VEHICLE DID YOU OPERATE? IF NONE, WRITE "NONE".	<input type="radio"/> STRAIGHT TRUCK <input type="radio"/> TRACTOR AND SEMI-TRAILER <input type="radio"/> INTERMODAL EQUIPMENT <input type="radio"/> BUS <input type="radio"/> VAN <input type="radio"/> FLAT <input type="radio"/> DUMP <input type="radio"/> REEFER <input type="radio"/> MOTOR COACH <input type="radio"/> TANKER <input type="radio"/> OTHER _____				

EXPLAIN ANY GAPS IN YOUR WORK HISTORY LONGER THAN 1 MONTH DURING THE PAST 10 YEARS. PLEASE BE THOROUGH AND DETAILED AS TO THE REASONS.

DRUG AND ALCOHOL RELATED CHARGES

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PREEMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY A DOT AGENCY DRUG AND ALCOHOL TESTING RULES?

YES NO

IF YES, YOU MUST PROVIDE DOCUMENTATION BEFORE PERFORMING ANY SAFETY-SENSITIVE FUNCTION

HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON ANY, RANDOM, REASONABLE SUSPICION, POST-ACCIDENT OR ANY OTHER TYPE OF DRUG OR ALCOHOL TEST ADMINISTERED BY A PRIOR EMPLOYER DURING THE PAST 3 YEARS?

YES NO

IF YES, YOU MUST PROVIDE DOCUMENTATION BEFORE PERFORMING ANY SAFETY-SENSITIVE FUNCTION

SIGNATURE AND AFFIRMATION

I CERTIFY THAT THIS APPLICATION WAS COMPLETED IN FULL BY ME. I CERTIFY THAT ANY AND ALL ENTRIES, FIELDS, DESCRIPTIONS AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AT THE TIME OF SUBMISSION.

FULL NAME		DATE SIGNED	
SIGNATURE			

I AUTHORIZE YOU TO MAKE INVESTIGATIONS AND INQUIRIES INTO MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.)

I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS OR ENTITIES FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

I UNDERSTAND THAT AQUA GULF WILL BE REVIEWING MY DRIVING HISTORY AND I AGREE TO A FULL MVR REPORT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF AQUA GULF AND / OR ANY OF ITS DIVISIONS.

I UNDERSTAND THAT 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 SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23(D) AND 391.23(E).

I UNDERSTAND THAT I HAVE THE RIGHT TO:

- (1) REVIEW INFORMATION PROVIDED BY CURRENT / PREVIOUS EMPLOYERS
- (2) HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER
- (3) HAVE A REBUTTAL STATEMENT ATTACHED TO ANY ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

FULL NAME		DATE SIGNED	
SIGNATURE			