

**WILBURN CONSTRUCTION, INC.**  
**PO BOX 3908 \* 747 LEE ROAD**  
**QUINCY, CA 95971**  
**(530) 283-2871 \* (530) 283-2879 Fax**

**391.21 APPLICATION FOR EMPLOYMENT:** (A) Except as provided in subpart G of this part, a person shall not drive a commercial motor vehicle unless he/she has completed and furnished the motor carrier that employs him/her with an application for employment that meets the requirements of paragraph (b) of this section.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

**(PLEASE PRINT AND ANSWER ALL QUESTIONS)**

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PHONE NUMBER : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

THE ADDRESSES AT WHICH YOU HAVE RESIDED DURING THE 3-YEARS PERCEDING THE DATE ON WHICH THIS APPLICATION IS SUBMITTED.

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY  
 \_\_\_\_\_  
STATE ZIP CODE PHONE HOW LONG?

PREVIOUS ADDRESSES: \_\_\_\_\_  
STREET CITY STATE & ZIP HOW LONG?  
 \_\_\_\_\_  
STREET CITY STATE & ZIP HOW LONG?  
 \_\_\_\_\_  
STREET CITY STATE & ZIP HOW LONG?

ARE YOU CURRENTLY EMPLOYED?: \_\_\_\_\_ IF NOT, WHAT WAS THE DATE OF LAST EMPLOYMENT.: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HIGH SCHOOL GRADUATE? \_\_\_\_\_ IF NOT PLEASE LIST HIGHEST GRADE COMPLETED: \_\_\_\_\_

COLLEGE? \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_ DEGREE? \_\_\_\_\_ TYPE: \_\_\_\_\_

CURRENT LICENSE HELD: \_\_\_\_\_  
LICENSE NO. STATE TYPE/CLASS EXPIRATION DATE

LIST ANY OTHER UNEXPIRED LICENSES YOU CURRENTLY HOLD: (IF NONE, WRITE NONE)

\_\_\_\_\_  
LICENSE NO. STATE TYPE/CLASS EXPIRATION DATE  
 \_\_\_\_\_  
LICENSE NO. STATE TYPE/CLASS EXPIRATION DATE

HAVE YOU EVER HAD A LICENSE REVOKED OR SUSPENDED OR BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_ **IF YES GIVE A DETAILED STATEMENT OF THE FACTS EXPLAINING REASON(S):** \_\_\_\_\_

**IF NECESSARY TO COMPLETE USE BACK OF PAGE**

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE 3-YEARS PERCEDING THE DATE OF APPLICATION, SPECIFYING THE DATE AND NATURE OF EACH ACCIDENT AND ANY FATALITIES OR PERSONAL INJURIES IT CAUSED. (LIST MOST RESENT FIRST, IF NONE, WRITE NONE)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT)	FATALITIES	INJURIES
DATE	NATURE OF ACCIDNET (HEAD-ON, REAR-END, UPSET, ECT)	FATALITIES	INJURIES
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT)	FATALITIES	INJURIES

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE 3-YEARS PRECEDING THE DATE OF APPLICATION.

DATE	LOCATION	CHARGE	PENALTY
DATE	LOCATION	CHARGE	PENALTY
DATE	LOCATION	CHARGE	PENALTY
DATE	LOCATION	CHARGE	PENALTY

**IF NECESSARY LIST ADDITIONAL ON BACK OF PAGE**

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES LISTED BELOW

STRAIGHT TRUCK: \_\_\_\_\_ FORM: \_\_\_\_\_ TO: \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_  
Type Dates

TRACTOR & SEMI-TRAILER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_  
Type Dates

TRACTOR – DOUBLES: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_  
Type Dates

BUSES: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_  
Type Dates

OTHER: \_\_\_\_\_ FORM: \_\_\_\_\_ TO: \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_  
Type Dates

SPECIALTY EQUIP.: \_\_\_\_\_ FORM: \_\_\_\_\_ TO: \_\_\_\_\_ APPROX. NO. OF MILES: \_\_\_\_\_  
Type Dates

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

LIST ANY TRAINING COURCES AND SAFETY AWARDS RECEIVED AND BY WHOM: \_\_\_\_\_

LIST THE NAMES AND ADDRESSES OF ALL PAST EMPLOYERS DURING THE 3-YEARS PRECEDING THE DATE OF APPLICATION, TOGETHER WITH THE DATES YOU WERE EMPLOYED BY, AND YOUR REASON FOR LEAVING THE EMPLOY, OF EACH EMPLOYER;

FOR THOSE DRIVERS APPLYING TO OPERATE A COMMERCIAL MOTOR VEHICLE AS DEFINED BY THE FEDERAL CODE OF REGULATIONS. LIST THE NAMES AND ADDRESSES OF YOUR EMPLOYERS DURING THE 7-YEAR PERIOD PRECEDING THE 3-YEARS LISTED ABOVE. FOR WHICH YOU WERE AN OPERATOR OF A COMMERCIAL MOTOR VEHICLE, TOGETHER WITH THE DATES OF EMPLOYMENT AND THE REASONS FOR LEAVING SUCH EMPLOYMENT;

START WITH MOST RECENT EMPLOYER AND WORK BACK TO MOST DISTANT. (ADD ANOTHER SHEET IF NECESSARY.)

**1. EMPLOYER NAME:** \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE YOU SUBJECT TO DOT REQUIRED ALCOHOL AND CONTROLLED SUBSTANCE TESTING? YES \_\_\_\_\_ NO \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**2. EMPLOYER NAME:** \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE YOU SUBJECT TO DOT REQUIRED ALCOHOL AND CONTROLLED SUBSTANCE TESTING YES \_\_\_\_\_ NO \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**3. EMPLOYER NAME:** \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE YOU SUBJECT TO DOT REQUIRED ALCOHOL AND CONTROLLED SUBSTANCE TESTING? YES \_\_\_\_\_ NO \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**4. EMPLOYER NAME:** \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE YOU SUBJECT TO DOT REQUIRED ALCOHOL AND CONTROLLED SUBSTANCE TESTING? YES \_\_\_\_\_ NO \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**5. EMPLOYER NAME:** \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WHERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE YOU SUBJECT TO DOT REQUIRED ALCOHOL AND CONTROLLED SUBSTANCE TESTING? YES \_\_\_\_\_ NO \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

LIST REASONS FOR ANY GAPS IN DATES OF PAST EMPLOYMENT HISTORY ON PREVIOUS PAGE. \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED? \_\_\_\_\_ IF YES, PLEASE EXPLAIN. \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER HELD A DRIVERS LICENSE IN ANY OTHER NAME THAN THE ONE YOU LISTED ON FIRST PAGE OF THIS APPLICATION? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES PLEASE LIST NAMES. \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES PLEASE EXPLAIN. \_\_\_\_\_

HAVE YOU 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 COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULLES DURING THE PAST THREE YEARS. YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU TAKE ANY PRESCRIPTION MEDICATION THAT COULD IMPAIR YOUR ABILITY TO OPERATE A MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT MUST READ AND SIGN BELOW**

MY SIGNATURE BELOW CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT THE ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY SIGNATURE FURTHER CERTIFIES THAT I UNDERSTAND AS A MOTOR CARRIER YOU ARE REQUIRED TO CONTACT MY PREVIOUS EMPLOYERS FOR THE PURPOSE OF INVESTIGATING MY BACKGROUND AND SAFETY PERFORMANCE HISTORY AS REQUIRED BY FEDERAL CODE OF REGULATIONS PART 391.23. I HEREBY RELEASE ANY PERSON(S) OR ENTITIES FORM ALL LIABILTIY IN RESPONDING TO INQUIRES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_