

# DC Trails Employment Form

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
ZIP / Postal Code State / Province

POSITION(S) APPLIED FOR: DRIVER OTHER

ARE YOU 21 OR OLDER? YES NO

\*Required for commercial drivers

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO

IF HIRED,  
DO YOU ALSO PLAN TO WORK FOR ANOTHER EMPLOYER? YES NO

EMPLOYER NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
ZIP / Postal Code State / Province

EMPLOYMENT START DATE: \_\_\_\_\_ EMPLOYMENT END DATE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ PERSON OF CONTACT(NAME): \_\_\_\_\_

PERSON OF CONTACT(PHONE NUMBER): \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

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

WERE YOU SUBJECT TO DOT REGULATION WHILE EMPLOYED? YES NO

WERE YOU ENROLLED IN A DOT REGULATED  
DRUG AND TESTING PROGRAM PER 49 CFR PART 40/3/82? YES NO

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**EMPLOYER NAME:** \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
**Street Address** **City**

\_\_\_\_\_  
**ZIP / Postal Code** **State / Province**

EMPLOYMENT START DATE: \_\_\_\_\_ EMPLOYMENT END DATE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ PERSON OF CONTACT(NAME): \_\_\_\_\_

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DRUG AND TESTING PROGRAM PER 49 CFR PART 40/3/82? YES NO

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**EMPLOYER NAME:** \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
**Street Address** **City**

\_\_\_\_\_  
**ZIP / Postal Code** **State / Province**

EMPLOYMENT START DATE: \_\_\_\_\_ EMPLOYMENT END DATE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ PERSON OF CONTACT(NAME): \_\_\_\_\_

PERSON OF CONTACT(PHONE NUMBER): \_\_\_\_\_

SALARY/WAGE: \_\_\_\_\_

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

WERE YOU SUBJECT TO DOT REGULATION WHILE EMPLOYED? YES NO

WERE YOU ENROLLED IN A DOT REGULATED  
DRUG AND TESTING PROGRAM PER 49 CFR PART 40/3/82? YES NO

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**MOST RECENT AUTOMOBILE ACCIDENT: DATE** \_\_\_\_\_

MOST RECENT AUTOMOBILE ACCIDENT: DESCRIPTION

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MOST RECENT AUTOMOBILE ACCIDENT: FATALITIES \_\_\_\_\_

MOST RECENT AUTOMOBILE ACCIDENT: INJURIES \_\_\_\_\_

HAZARDOUS MATERIAL SPILL?: YES NO

KIND OF HAZARDOUS MATERIAL? \_\_\_\_\_

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**SECOND MOST RECENT AUTOMOBILE ACCIDENT: DATE** \_\_\_\_\_

SECOND MOST RECENT AUTOMOBILE ACCIDENT: DESCRIPTION

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SECOND MOST RECENT AUTOMOBILE ACCIDENT: FATALITIES \_\_\_\_\_

SECOND MOST RECENT AUTOMOBILE ACCIDENT: INJURIES \_\_\_\_\_

HAZARDOUS MATERIAL SPILL?: YES NO

KIND OF HAZARDOUS MATERIAL? \_\_\_\_\_

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**THIRD MOST RECENT AUTOMOBILE ACCIDENT: DATE** \_\_\_\_\_

THIRD MOST RECENT AUTOMOBILE ACCIDENT: DESCRIPTION

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THIRD MOST RECENT AUTOMOBILE ACCIDENT: FATALITIES \_\_\_\_\_

THIRD MOST RECENT AUTOMOBILE ACCIDENT: INJURIES \_\_\_\_\_

HAZARDOUS MATERIAL SPILL?: YES NO

KIND OF HAZARDOUS MATERIAL? \_\_\_\_\_

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**HAVE YOU HAD ANY TRAFFIC CONVICTIONS (OTHER THAN PARKING VIOLATIONS)?** YES NO

LOCATION OF CONVICTION 1: \_\_\_\_\_ DATE OF CONVICTION 1: \_\_\_\_\_

CHARGE OF CONVICTION 1: \_\_\_\_\_ PENALTY OF CONVICTION 1: \_\_\_\_\_

LOCATION OF CONVICTION 2: \_\_\_\_\_ DATE OF CONVICTION 2: \_\_\_\_\_

CHARGE OF CONVICTION 2: \_\_\_\_\_ PENALTY OF CONVICTION 2: \_\_\_\_\_

LOCATION OF CONVICTION 3: \_\_\_\_\_ DATE OF CONVICTION 3: \_\_\_\_\_

CHARGE OF CONVICTION 3: \_\_\_\_\_ PENALTY OF CONVICTION 3: \_\_\_\_\_

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**DRIVERS LICENSE #:** \_\_\_\_\_ **CLASS ENDORSEMENT:** \_\_\_\_\_ **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 REVOKED? YES NO

PLEASE PROVIDE DETAILS OF THE SITUATION(S).

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**DO YOU HAVE EXPERIENCE DRIVING A STRAIGHT TRUCK?      YES      NO**

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_      APPROXIMATE NUMBER OF MILES (TOTAL): \_\_\_\_\_

PLEASE INDICATE THE TYPE OF EQUIPMENT:

VAN                      TANK

FLAT                     DUMP

REFER

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**DO YOU HAVE EXPERIENCE DRIVING A TRACTOR & SEMI TRAILER?      YES      NO**

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_      APPROXIMATE NUMBER OF MILES (TOTAL): \_\_\_\_\_

PLEASE INDICATE THE TYPE OF EQUIPMENT:

VAN                      TANK

FLAT                     DUMP

REFER

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**DO YOU HAVE EXPERIENCE DRIVING A TRACTOR & TWO TRAILERS?      YES      NO**

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_      APPROXIMATE NUMBER OF MILES (TOTAL): \_\_\_\_\_

PLEASE INDICATE THE TYPE OF EQUIPMENT:

VAN                      TANK

FLAT                     DUMP

REFER

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**DO YOU HAVE EXPERIENCE DRIVING A MOTORCOACH OR SCHOOL BUS OF 6+ PASSENGERS?**

YES NO

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ APPROXIMATE NUMBER OF MILES (TOTAL): \_\_\_\_\_

PLEASE INDICATE THE TYPE OF EQUIPMENT:

VAN TANK

FLAT DUMP

REFER

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**DO YOU HAVE EXPERIENCE DRIVING A MOTORCOACH OR SCHOOL BUS OF 15+ PASSENGERS?**

YES NO

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_ APPROXIMATE NUMBER OF MILES (TOTAL): \_\_\_\_\_

PLEASE INDICATE THE TYPE OF EQUIPMENT:

VAN TANK

FLAT DUMP

REFER

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**ENTIRE APPLICATION TO BE READ & SIGNED BY THE 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.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**