



EMPLOYMENT APPLICATION

(FMCSA-Compliant for Drivers)

APPLICANT INFORMATION (Please attach your Resume)

Full Name: _____ Position Applying for: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Phone Number: _____ Email: _____

Address History (Past 3 Years)

Address	City/State/Zip	Dates Lived (From - To)
Current:	_____	_____
Previous:	_____	_____
Previous:	_____	_____

LICENSE INFORMATION (Past 3 Years)

State	License #	Class	Endorsements	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever had a license suspended or revoked? ☐ Yes ☐ No

If yes, explain: _____

Please provide Vehicle Operating Experience Relevant to this position:

EMPLOYMENT HISTORY (Past 3 years/Drivers must provide 10 years) Continues on last page.

Current (Not POE) or Most Recent Employer –

Company Name: _____ Phone: _____

Address: _____

Position Held: _____ From: _____ To: _____

Was this position a CDL/CMV driving job? ☐ Yes ☐ No

Reason for leaving: _____

Were there any gaps of 30 days or more in your employment over the last 10 years? ☐ Yes ☐ No

If yes, explain: _____

TRAFFIC CONVICTIONS (Last 3 Years) (If None, Write NONE)

Date	Violation	City/State	Commercial Vehicle Involved?

ACCIDENT HISTORY (Last 3 Years) (If None, Write NONE)

Date	Nature of Accident	Injuries/Fatalities	Vehicle Type	Preventable

DRUG AND ALCOHOL HISTORY

Have you ever tested positive, or refused to test, on any DOT-regulated drug or alcohol test?

☐ Yes ☐ No If yes, explain: _____

AUTHORIZATION & CERTIFICATION

I certify that all answers in this application are true and complete. I understand that false or misleading information may result in disqualification or termination. I authorize Poe Asphalt Paving, Inc. to investigate my driving and employment history, including safety performance and drug/alcohol records, in compliance with FMCSA 49 CFR Parts 40, 382, and 391.

Signature: _____ Date: _____

- Company Name: _____ Phone: _____

Address: _____

Position Held: _____ From: _____ To: _____

Was this position a CDL/CMV driving job? ☐ Yes ☐ No

Reason for leaving: _____

- Company Name: _____ Phone: _____

Address: _____

Position Held: _____ From: _____ To: _____

Was this position a CDL/CMV driving job? ☐ Yes ☐ No

Reason for leaving: _____

- Company Name: _____ Phone: _____

Address: _____

Position Held: _____ From: _____ To: _____

Was this position a CDL/CMV driving job? ☐ Yes ☐ No

Reason for leaving: _____

- Company Name: _____ Phone: _____

Address: _____

Position Held: _____ From: _____ To: _____

Was this position a CDL/CMV driving job? ☐ Yes ☐ No

Reason for leaving: _____

FOR OFFICE USE ONLY

Application reviewed by: _____ Date: _____

Meets minimum qualification standards: ☐ Yes ☐ No

Road Test / Waiver Verification

☐ Road Test Completed

Date of Test: _____

Examiner Name: _____

Certificate of Road Test attached: ☐ Yes ☐ No

☐ Road Test Waived — valid CDL verified

State: _____ License #: _____

CDL copy attached: ☐ Yes ☐ No

Waiver authorized by: _____

Date: _____