



# BIG V FEEDS, INC.

1621 E ELECTRIC AVE  
MCALESTER, OK 74502

(918) 423-1565

bigvfeeds.com



## Driver Application for Employment - Please fill out completely

Name \_\_\_\_\_  
First MI Last

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

Address \_\_\_\_\_  
House or Apt.# / Street (City) (State)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Maiden Name: \_\_\_\_\_  
(If Applicable)

Addresses for the past 3 years: (Attach sheet if more space is needed)

| Street or Apt. Number | City | State and Zip | How Long? |
|-----------------------|------|---------------|-----------|
|                       |      |               |           |
|                       |      |               |           |
|                       |      |               |           |

### Experience and Qualifications – Driver

#### Driving Experience

| Class of Equipment | Type of Equipment | From (date)<br>To | Makes, Models, Manufacturers |
|--------------------|-------------------|-------------------|------------------------------|
| Straight Truck     |                   |                   |                              |
| Tractor Trailer    |                   |                   |                              |
| Doubles or Triples |                   |                   |                              |
| Other              |                   |                   |                              |

### Driver Licenses

| License Number | State | Type of License | Expiration Date |
|----------------|-------|-----------------|-----------------|
|                |       |                 |                 |
|                |       |                 |                 |

### Accident Record (Attach sheet if more space is needed)

| Location | Dates | Nature of Accident | Fatalities |    | Injuries |    |
|----------|-------|--------------------|------------|----|----------|----|
|          |       |                    | Yes        | No | Yes      | No |
|          |       |                    |            |    |          |    |
|          |       |                    |            |    |          |    |
|          |       |                    |            |    |          |    |

### Traffic Convictions and Forfeitures for Past 3 Years (Other than parking, attach sheet if more space is needed)

| Location | Date | Violation | Penalty |
|----------|------|-----------|---------|
|          |      |           |         |
|          |      |           |         |
|          |      |           |         |
|          |      |           |         |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes      No

B. Has any license, permit or privilege ever been suspended or revoked? Yes      No

If the answer to either A or B is yes, give details:

# Employment Record

(Attach additional sheet if more space is needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the last 10 years be shown.

Last Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
House or Apt.# - Street (City) (State)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Second to Last Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
House or Apt.# - Street (City) (State)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Third Last Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
House or Apt.# - Street (City) (State)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

You must answer the following questions. Failure to do so will result in voiding of your application.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? YES NO
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations? YES NO
3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as ordered by a certified Substance Abuse Professional (SAP)? YES NO

To be read and signed by 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.

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**Please be informed that the above provided information will be used to conduct an investigation into the safety performance history and previous employers will be contacted to provide information.**

**You, as an applicant, have the following rights as listed in 49 CFR 391.23**

- **The right to review information provided by previous employers.**
- **The right to have errors in the information corrected by the previous employer and for that previous employer to resend corrected information to your prospective employer.**
- **The right to have rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree on the accuracy of the information.**

**If you desire to review this safety performance history provided by a previous employer, you may do so by submitting a written request to us anytime from the date of application submittal or as late as 30 days after becoming employed with us or being notified of denial of employment.**

**Request to make corrections of information provided by previous employers must be submitted to that previous employer. You may report failures of previous employers to correct information or allow for rebuttal via procedures outlined in 49 CFR 386.12.**