



CDL DRIVER EMPLOYMENT APPLICATION

Oneway Group — The right way to do it

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
PHONE	EMAIL ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF APPLICATION	POSITION APPLIED FOR
DATE AVAILABLE FOR WORK	Do you have the legal right to work in the United States? ☐ YES ☐ NO		

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed.

CURRENT ADDRESS				
STREET	CITY	STATE	ZIP	YEARS
MAILING ADDRESS (if different)				
STREET	CITY	STATE	ZIP	YEARS
PREVIOUS ADDRESS				
STREET	CITY	STATE	ZIP	YEARS
PREVIOUS ADDRESS				
STREET	CITY	STATE	ZIP	YEARS
PREVIOUS ADDRESS				
STREET	CITY	STATE	ZIP	YEARS

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21).

I certify that I do not have more than one motor vehicle license. Include all licenses held for the past 3 years.

STATE	LICENSE NUMBER	TYPE / CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Reefer, etc.)	FROM	TO	APPROX. TOTAL MILES
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				



ACCIDENT RECORD — PAST 3 YEARS

Attach additional sheet if more space is needed.

☐ Check here if NONE

DATE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES — PAST 3 YEARS (OTHER THAN PARKING)

Attach additional sheet if more space is needed.

☐ Check here if NONE

DATE CONVICTED (Mo/Yr)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral, pts)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES

☐ NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES

☐ NO

If yes, explain:

EDUCATION

SCHOOL NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?	DETAILS
High School				
College				
Other				

OTHER QUALIFICATIONS

List any other qualifications you believe should be considered (CDL endorsements, Hazmat, Tanker, special training, languages, etc.).



EMPLOYMENT HISTORY

Per 49 CFR 391.21: List all employment for the past 3 years. CDL drivers must also provide an additional 7 years of commercial driving employment history (10 years total). Gaps exceeding 1 month must be explained. Start with current/most recent.

CURRENT / MOST RECENT EMPLOYER

EMPLOYER NAME		PHONE	
ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (Mo/Yr)	TO (Mo/Yr)	SALARY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO

SECOND EMPLOYER

EMPLOYER NAME		PHONE	
ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (Mo/Yr)	TO (Mo/Yr)	SALARY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO

THIRD EMPLOYER

EMPLOYER NAME		PHONE	
ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (Mo/Yr)	TO (Mo/Yr)	SALARY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO

**EMPLOYMENT HISTORY (CONTINUED)**

Continue listing employers to complete 10 years of commercial driving history per 49 CFR 391.21. Attach additional sheets if needed.

FOURTH EMPLOYER

EMPLOYER NAME		PHONE	
ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (Mo/Yr)	TO (Mo/Yr)	SALARY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO

FIFTH EMPLOYER

EMPLOYER NAME		PHONE	
ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (Mo/Yr)	TO (Mo/Yr)	SALARY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO

SIXTH EMPLOYER

EMPLOYER NAME		PHONE	
ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (Mo/Yr)	TO (Mo/Yr)	SALARY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any DOT-regulated mode, subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO



MC-040192 | USDOT 3032547

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SAFETY PERFORMANCE HISTORY RELEASE — 49 CFR 391.23

I authorize Oneway Group (Basarabia Logistics LLC), USDOT 3032547, MC-040192, and its agents to obtain information about my safety performance history from all DOT-regulated employers during the previous three (3) years, including information relating to drug and alcohol testing as required under 49 CFR Part 40.

I understand that I have the following rights regarding the investigative information:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and have the corrected information re-sent to Oneway Group.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

APPLICANT SIGNATURE

DATE

APPLICANT NAME (Printed)

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby authorize Oneway Group (Basarabia Logistics LLC) to obtain a consumer report and/or investigative consumer report on me from a consumer reporting agency. This report may contain information regarding my character, general reputation, personal characteristics, mode of living, and credit standing. I understand this information will be used in evaluating my application for employment.

APPLICANT SIGNATURE

DATE

APPLICANT CERTIFICATION & SIGNATURE

I authorize Oneway Group to make such investigations and inquiries of my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 the Company.

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.

APPLICANT SIGNATURE

DATE

APPLICANT NAME (Printed)

A motor carrier may require an applicant to provide information in addition to that required by the Federal Motor Carrier Safety Regulations.
This application complies with 49 CFR 391.21 as published by the Federal Motor Carrier Safety Administration (FMCSA).