



## Application for Employment - Driver

Epic Charter, LLC  
Office: (720)357-4359  
Fax: 720-644-6697  
[info@epic-charter.com](mailto:info@epic-charter.com)

### DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden, if any Last

Address: \_\_\_\_\_  
Street City State Zip How long?

Contact # \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 25 years old? Yes \_\_\_\_ No \_\_\_\_ US Citizen? Yes \_\_\_\_ No \_\_\_\_

Previous Addresses: (If at the above address for less than three years)

Address: \_\_\_\_\_  
Street City State Zip How long?

Address: \_\_\_\_\_  
Street City State Zip How long?

Attach an additional sheet if necessary

**Experience and Qualifications - Driver**

Equipment	Make and Model	Dates		Approximate # of miles (total)
		From	To	
Motorcoach				
School Bus				
Shuttle bus or Limo				
SUV and van				

**Accident record for past three years (an additional sheet if necessary)**

Dates	Nature of accident	Fatalities	Injuries

**Traffic convictions (other than parking violations) and forfeitures for the past three years.  
Attach an additional sheet if more space is needed**

Location	Date	Charge	Penalty

- A. Do you currently hold a Commercial Driver License (CDL)? Yes \_\_\_ No \_\_\_
- B. What Class and Endorsements: \_\_\_\_\_
- C. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_
- D. Has any license, permit, or privilege ever been suspended, revoked, or denied? Yes \_\_\_ No \_\_\_  
If the answer to either A or B is yes, explain: (attach additional sheet if necessary)

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**Employment Record (attach additional sheet(s) if more space is needed)**

Last employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_

Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

Employer: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
 Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
 Were you subject to controlled substance & alcohol testing under 49 CFR  
 Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

Employer: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
 Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
 Were you subject to controlled substance & alcohol testing under 49 CFR  
 Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

**Education and Training**

Name of School/Training	Degree or certificate earned	Date

**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. I authorize Epic Charter LLC and its agents to obtain information relevant to my employment from any source, including (where permitted by law) criminal history records, motor vehicle records (MVR), prior employment verification, reference checks, and other background reports. I understand that this information may be used to evaluate my eligibility for employment. I authorize the release of such information to Epic Charter LLC.

I acknowledge that employment in a safety-sensitive driving position may require pre-employment, random, reasonable suspicion, post-accident, return-to-duty, and follow-up drug and alcohol testing, as applicable. I consent to such testing and authorize the release of results to Epic Charter LLC and/or its designated testing program administrators, to the extent permitted by law.

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.