

Blue Star Freight LLC  
100 E. Campus View Blvd  
Columbus, OH 43235

**COMMERCIAL DRIVER APPLICATION**

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

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

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**If your above address is less than 3 years continue listing them below to cover the previous 3 year period:**

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

**Driver's License Information: all licenses held, last 3 years:**

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Experience:**

\_\_\_\_\_ Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_ Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

\_\_\_\_\_ Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_ Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

\_\_\_\_\_ Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_ Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

**All Accidents, last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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**List all Traffic Violations Convictions, last 3 years: (If none, write NONE)**

**YES | NO**

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: /

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: /

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Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: /

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: /

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes     No    If yes; state of issuance; explanation: \_\_\_\_\_

\_\_\_\_\_

**Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

.....

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

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4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

.....  
5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

.....  
6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

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7) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

**Use backside of sheet for additional employers**

## PLEASE READ CAREFULLY

IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No
- B. Has your motor vehicle operator's license, permit, or privilege ever been suspended or revoked?  Yes  No
- C. Have you ever been disqualified from driving a motor vehicle under the D.O.T. regulations?  Yes  No
- D. Have you ever been convicted or have charges pending for driving under the influence of alcohol or drugs?  Yes  No
- E. Have you ever been convicted or have charges pending for possession, sale, or use of narcotic drugs, amphetamines, or a derivative?  Yes  No
- F. Have you ever been convicted or have charges pending for a serious traffic violation, such as careless/reckless driving or willful reckless driving, etc.?  Yes  No
- G. Have you, within the five (5) years preceding the date of this application:
- (1) Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated?  Yes  No
- (2) Undergone a controlled substance test in which a positive result has been verified?  Yes  No
- (3) Refused to undergo either an alcohol or controlled substance test?  Yes  No
- H. Have you ever been convicted or have charges pending for a felony or misdemeanor?  Yes  No

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**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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### Certification

**"I certify 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's Signature

\_\_\_\_\_  
Date Signed