DRIVER APPLICATION

Fillable PDF - save a copy before returning

Employing motor carrier

Cargochain LLC | 787 Hampden Ave Unit 151, Saint Paul, MN 55114 omar@cargochainusa.com | (612) 421-8528

POSITION REQUESTED

☐ Company driver ☐ Owner-operator

POSITION / OPERATION REQUESTED

APPLICATION DATE | DATE AVAILABLE | REFERRED BY

APPLICANT INFORMATION

FULL LEGAL NAME | DATE OF BIRTH | SSN

PHONE | EMAIL

CURRENT STREET ADDRESS | CITY | STATE | ZIP

RESIDENCE HISTORY - PREVIOUS 3 YEARS

PREVIOUS ADDRESS 1 | CITY / STATE / ZIP | FROM - TO

PREVIOUS ADDRESS 2 | CITY / STATE / ZIP | FROM - TO

COMMERCIAL DRIVER LICENSES AND PERMITS - LIST EACH UNEXPIRED CREDENTIAL

STATE / AUTHORITY	LICENSE OR PERMIT NUMBER	CLASS	EXPIRATION	ENDORSEMENTS

DRIVING RECORD

Experience, accidents, violations, and license history

DRIVING EXPERIENCE

EQUIPMENT	TYPE / SIZE	FROM - TO	APPROX. MILES	YEARS
Straight truck				
Tractor / semitrailer				
Dry van / reefer				
Other				

MOTOR VEHICLE ACCIDENTS DURING THE PREVIOUS 3 YEARS

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	TOWED?

☐ No accidents during the previous 3 years

MOTOR VEHICLE VIOLATIONS DURING THE PREVIOUS 3 YEARS - EXCLUDE PARKING

DATE	STATE	VIOLATION	PENALTY / DISPOSITION

☐ No qualifying violations during the previous 3 years

LICENSE DENIAL, REVOCATION, OR SUSPENSION

Has any license, permit, or driving privilege ever been denied, revoked, or suspended? ☐ Yes ☐ No

IF YES, EXPLAIN THE FACTS AND CIRCUMSTANCES

EMPLOYMENT HISTORY

List every employer during the 3 years before this application

Include all employment, unemployment, self-employment, and gaps. Cargochain may contact previous employers to investigate safety performance history as required by 49 CFR 391.23.

EMPLOYER 1

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

EMPLOYER 2

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

EMPLOYER 3

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

EMPLOYER 4

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

ADDITIONAL CMV HISTORY

CDL applicants: cover the 7 years before the 3-year history on Page 3

Complete this page if you operated a commercial motor vehicle for an employer during the additional 7-year period. Together, Pages 3 and 4 should cover 10 years of applicable CMV employment.

EMPLOYER 1

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

EMPLOYER 2

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

EMPLOYER 3

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

EMPLOYER 4

EMPLOYER NAME | PHONE | FROM - TO

EMPLOYER ADDRESS | POSITION | REASON FOR LEAVING

☐ Subject to FMCSRs: Yes ☐ No ☐ DOT safety-sensitive: Yes ☐ No

SUPPLEMENT & CERTIFICATION

Complete, sign, and return using Cargochain's secure instructions

OWNER-OPERATOR SUPPLEMENT - COMPLETE ONLY IF APPLICABLE

LEGAL BUSINESS NAME

USDOT / MC NUMBER

TRACTOR YEAR / MAKE / MODEL

TRAILER TYPE / YEAR

INSURANCE CARRIER

POLICY EXPIRATION

HOME BASE

SAFETY PERFORMANCE HISTORY NOTICE AND RIGHTS

Information supplied about prior employment may be used, and previous employers may be contacted, to investigate your safety performance history. If you had DOT-regulated employment during the previous 3 years, you may review information provided by prior employers, ask the prior employer to correct errors and re-send corrected information, and attach a rebuttal when you and the prior employer cannot agree on accuracy. A written request to review may be made when applying or within the time allowed by 49 CFR 391.23(i).

☐ I request a copy of prior-employer safety performance information received by Cargochain.

APPLICANT AUTHORIZATION

I authorize Cargochain LLC to verify the information in this application and contact current and former employers, licensing authorities, and other lawful sources for employment and driver-qualification purposes. Separate disclosures and authorizations may be provided where required for consumer reports, drug and alcohol records, or Clearinghouse queries.

☐ I acknowledge and authorize the verification described above.

CERTIFICATION AND SIGNATURE

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

CONFIDENTIAL APPLICATION

This form contains sensitive personal information. Do not send a completed copy through ordinary email. Contact Cargochain at (612) 421-8528 or omar@cargochainusa.com for secure return instructions. This form is a compliance-oriented template and should be reviewed against Cargochain's hiring process and applicable law before operational use.