

PLEASE READ FIRST

INSTRUCTIONS FOR COMPLETING AN APPLICATION

- **If you have any questions while completing an application PLEASE CALL us at: (800) 866-7713 Ext.124 or 127.**
- **An incomplete application will delay the processing.**
- **Applications must be printed and legible.**
- **Answer each and every question. If a question does not apply to you then write N/A in the box or line provided.**
- **You must list your last 10 years of employment. You must provide telephone numbers for all your employers. If you have any gaps in your employment history you must give a reason not employed and state your source of income during this period of time.**
- **Do not fill out the forms marked “WORK HISTORY INQUIRY AND DRUG & ALCOHOL INQUIRY”. Sign at the bottom left on Applicants Signature line only.**
- **You must sign and date the application on the last page at the bottom by the X.**
- **If you were employed by an O/O, please include the name, address and phone number of the company you were leased to.**
- **You can either mail the application back to us at: Cimarron Express Inc. 21611 St. Rt. 51 Genoa, Ohio 43430 or fax to: (419) 855-8398.**

CHECK POSITION DESIRED:		CIMARRON EXPRESS, INC. 21611 ST. RT. 51 GENOA, OHIO 43430 Phone (800) 866-7713 Fax (419) 855-8398	MUST BE COMPLETED AND SIGNED BY THE APPLICANT!!!	
COMPANY DRIVER			OWNERS TRACTOR INFO	
OWNER OPERATOR			YEAR:	MAKE:
CONTRACTOR DRIVER				
CONTRACTOR'S NAME				
NAME (FIRST) (MIDDLE) (LAST)			APPLICATION FOR POSITION: FULL TIME PART TIME	
STREET ADDRESS			ARE YOU 23 OR OLDER? YES NO	
CITY	STATE	ZIP CODE	PHONE # ()	
CAN YOU READ ENGLISH?	YES / NO	CAN YOU UPON OFFER OF POSITION, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S. ? YES NO		
CAN YOU SPEAK ENGLISH?	YES / NO			
CAN YOU WRITE ENGLISH?	YES / NO			
HAVE YOU EVER WORKED FOR CIMARRON BEFORE?		YES	NO	
IF YES GIVES DATES	FROM:	TO:		
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES	NO	IF YES, EXPLAIN
INDICATE TYPE OF OFFENSE(S) AND DATES OF CONVICTION(S), IMPRISONMENT, RELEASE AND REHABILITATION.				
DO YOU PRESENTLY HOLD A VALID CDL LICENSE?		YES	NO	STATE:
LICENSE #		ISSUE DATE:		
		EXPIRE DATE:		
HAS YOUR CDL EVER BEEN SUSPENDED OR REVOKED?		YES	NO	
IF YES, PLEASE EXPLAIN:				
TRAFFIC CONVICTIONS (DURING PRECEDING 3 YEARS)				
DATE	LOCATION		NAME OF COURT	
DRIVING EXPERIENCE				
APPROXOMATE # OF MILES:			# OF YEARS:	
TYPE OF EQUIPMENT:			OTHER:	
DRIVING ACCIDENTS (DURING PRECEDING 3 YEARS)				
ACCIDENT 1				
ACCIDENT 2				
DRIVER EXPERIENCE & QUALIFICATION				
The U.S. Dept of Transportation requires that drive applicants state their date of birth.				
391.21(D) (2) Date of Birth ____/____/____ Social Security # _____ (month / day / year)				
Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a foot, leg, hand or arm? YES NO				

If you have not resided at current address on front page more than 3 years, list 3 year residence history here:

Address	City	State

EMPLOYMENT HISTORY

The U.S. Department of Transportation requires that driver applicants show:

ALL EMPLOYMENT FOR THE PAST 10 YEARS

DATES		FORMER EMPLOYER	REASON LEFT	PHONE # S
FROM	NAME	CITY STATE		()
TO				
FROM	NAME	CITY STATE		()
TO				
FROM	NAME	CITY STATE		()
TO				
FROM	NAME	CITY STATE		()
TO				
FROM	NAME	CITY STATE		()
TO				
FROM	NAME	CITY STATE		()
TO				
FROM	NAME	CITY STATE		()
TO				

PLEASE READ AND SIGN

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.

X

SIGNATURE OF APPLICANT

DATE

WORK HISTORY INQUIRY

TO: _____ DATE: _____

FROM: CIMARRON EXPRESS, INC.
21611 ST. RT. 51
GENOA, OHIO 43430

PHONE: (800) 866-7713
FAX#: (419) 855-8398

MANDATORY FMCSR DRIVER REFERENCE INQUIRY TO PARTS 49-391.23

NAME OF APPLICANT: _____

Job Applied For: _____ S.S.# _____ / _____ / _____

Dates of Employment: ____/____/____ to ____/____/____

What kind of work did (s)he do? Driver _____ Laborer _____ Other _____

Was this a safety sensitive position? _____

If employed as a driver, please indicate type of equipment driven.

Tractor Trailer _____ Semi Dump _____ Flat Bed _____ Tanker _____

Doubles/Triples _____ Straight Truck _____ Reg Dump _____

Number of accidents _____. Chargeable _____ Non-Chargeable _____

Reason for Separation: Quit _____ Discharged _____ Other _____

Comments: _____

Eligibility for Rehire: Yes _____ No _____ Upon Review _____

Signature of person supplying information Date

Company Name USDOT# or MC#

I agree and understand that Cimarron Express may investigate my background and work record, and I release employers and persons named herein from liability for any damages on account of furnishing such information. My signature certifies that I have read and understand all of the foregoing.

X

Applicant's Signature Date

DRUG & ALCOHOL INQUIRY

TO: _____ DATE: _____

FROM: CIMARRON EXPRESS, INC.
21611 ST. RT. 51
GENOA, OHIO 43430

PHONE: (800) 866-7713
FAX#: (419) 855-8398

MANDATORY FMCSR DRIVER REFERENCE INQUIRY TO PARTS 49-391.23

NAME OF APPLICANT: _____

Job Applied For: _____ S.S.# _____ / _____ / _____

Dates of Employment: ____/____/____ to ____/____/____

What kind of work did (s)he do? Driver _____ Laborer _____ Other _____

Was this a safety sensitive position? _____

MANDATORY FMCSR DRUG & ALCOHOL INQUIRY TO PART 49-382.413

Any positive controlled substance test in the last three years? Yes ___ No ___

Any alcohol test with BAC of 0.04 or greater in the last three years? Yes ___ No ___

Any refusal to test for drugs or alcohol in the last three years? Yes ___ No ___

If you answered "yes" to any of the questions above, please provide the name and telephone number of the person who can confirm the dates and results of tests.

Name: _____ Phone # _____

Signature of person supplying information Date

Company Name USDOT# or MC#

I agree and understand that Cimarron Express may investigate my drug and alcohol testing results, and I release employers and persons named herein from liability for any damages on account of furnishing such information. My signature certifies that I have read and understand all of the foregoing.

X _____
Applicant's Signature Date