



The Buffalo Group of Companies, Ltd
DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application _____

Name _____ S.S. # _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Telephone _____
MM DD YY

E-mail Address _____ Cell Telephone _____

Have you being driving for at least 2 year? YES NO

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

	How Long
1	_____
	City : _____ State : _____ Zip Code _____
2	_____
	City : _____ State : _____ Zip Code _____
3	_____
	City : _____ State : _____ Zip Code _____

EXPERIENCE AND QUALIFICATION – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

B. Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____



DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

EXPERIENCE AND QUALIFICATION – OTHERS

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application.

EDUCATION

CIRCLE HIGEST GRADE COMPLETED							
1	2	3	4	5	6	7	8

HIGH SCHOOL			
1	2	3	4

COLLEGE			
1	2	3	4

ACCIDENT RECORD FOR PAST 3 YEAR OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED).IF NONE WRITE NONE

DATES	DESCRIPTION	FATALITIES	INJURIES

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

LOCATION	DATE	CHARGE	PENALTY



EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state & zip code.

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES & REASON.

FROM 2013 – 2023

EMPLOYER	DATE	
NAME:	FROM:	TO:
ADDRESS:	CITY:	STATE:
PHONE:	POSITION:	
CONTACT PERSON:	REASON FOR LEAVING:	

Were you subject to the Federal Motor carrier Safety Regulations during this period & subject to 49 CFR part 40 controlled substance & alcohol testing during this period?

EMPLOYER	DATE	
NAME:	FROM:	TO:
ADDRESS:	CITY:	STATE:
PHONE:	POSITION:	
CONTACT PERSON:	REASON FOR LEAVING:	

Were you subject to the Federal Motor carrier Safety Regulations during this period & subject to 49 CFR part 40 controlled substance & alcohol testing during this period?

EMPLOYER	DATE	
NAME:	FROM:	TO:
ADDRESS:	CITY:	STATE:
PHONE:	POSITION:	
CONTACT PERSON:	REASON FOR LEAVING:	

Were you subject to the Federal Motor carrier Safety Regulations during this period & subject to 49 CFR part 40 controlled substance & alcohol testing during this period?

EMPLOYER	DATE	
NAME:	FROM:	TO:
ADDRESS:	CITY:	STATE:
PHONE:	POSITION:	
CONTACT PERSON:	REASON FOR LEAVING:	

Were you subject to the Federal Motor carrier Safety Regulations during this period & subject to 49 CFR part 40 controlled substance & alcohol testing during this period?

EMPLOYER	DATE	
NAME:	FROM:	TO:
ADDRESS:	CITY:	STATE:
PHONE:	POSITION:	
CONTACT PERSON:	REASON FOR LEAVING:	

Were you subject to the Federal Motor carrier Safety Regulations during this period & subject to 49 CFR part 40 controlled substance & alcohol testing during this period?



DRUG AND ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES AUTHORIZATION

I, _____ Understand that The Buffalo Group of Companies, has my authorization to conduct limited & annual queries of the FMCSA Drug & Alcohol Clearinghouse. This consent is valid from date below until employment ceases. I must grant within 24 hr consent via the Clearing house website to obtain my full Clearinghouse records.

Date: _____

MVR & BACKGROUND AUTHORIZATION

I, _____ Understand that The Buffalo Group of Companies, has my authorization to thoroughly investigate my background. I realize the background report may include but is not limited to the following areas: Motor Vehicle Records (MVR), FMSCA PSP Records, Drug – Screening, Pre-Employment Verification and Identity Verification.

This consent is given in satisfaction of Public Law 18 USC2721, "Federal Drivers Policy Protection Act", and is intended to constitute "written consent" as required by this act.

I certify that all information provided by me pursuant to this agreement is true and accurate to the best of my knowledge and I have read, understand, and agree to the terms of this agreement.

Date: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize The Buffalo Group of Companies, Ltd to make such investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer or employment has been extended.) 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, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) 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:

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature:

Date: