



DOT DRIVER EMPLOYMENT APPLICATION

CAN YOU DIG IT, LLC

800 S. Carlton St., Hobbs, NM 88240 • (575) 605-0955

This application is for safety-sensitive DOT driving positions and collects the information required by FMCSA regulations (49 CFR Part 391). Answer every question. Incomplete applications will not be processed.

POSITION

Position applied for:

Date:

Referred by:

PERSONAL INFORMATION

Full legal name (Last, First, Middle):

Street address:

City:

State:

ZIP:

Phone:

Email:

Date available:

Are you 18 years of age or older? (21+ required for interstate CDL driving) ☐ Yes ☐ No

Are you authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status? ☐ Yes ☐ No

DRIVER'S LICENSE HISTORY — ALL LICENSES HELD IN THE PAST 3 YEARS (49 CFR 391.21)

State	License number	Class	Endorsements	Expiration

Has any license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? ☐ Yes ☐ No

If yes, explain (dates, state, reason):

ACCIDENT RECORD — PAST 3 YEARS (49 CFR 391.27)

List all accidents in the past 3 years. Write NONE if none.

Date	Nature of accident	Fatalities	Injuries	Hazardous materials spill?

TRAFFIC CONVICTIONS & FORFEITURES — PAST 3 YEARS (49 CFR 391.27)

List all traffic convictions and forfeitures (other than parking) in the past 3 years. Write NONE if none.

Date	Location	Charge	Penalty

DOT MEDICAL CERTIFICATION

Medical examiner name: _____

National Registry number: _____

Card expiration: _____

Do you currently hold a valid DOT medical examiner's certificate? ☐ Yes ☐ No

EMPLOYMENT HISTORY — PAST 10 YEARS, ALL EMPLOYERS (49 CFR 391.21)

FMCSA requires a full 10-year history for CDL driver applicants. List every employer, most recent first. Account for all gaps (unemployment, school, military). Attach an additional sheet if needed.

1.

Employer name: _____

Phone: _____

Job title: _____

Dates (from / to): _____

Address (street, city, state, ZIP): _____

Reason for leaving: _____

Were you subject to FMCSA drug/alcohol testing here? ☐ Yes ☐ No: _____

2.

Employer name: _____

Phone: _____

Job title: _____

Dates (from / to): _____

Address (street, city, state, ZIP): _____

Reason for leaving: _____

Were you subject to FMCSA drug/alcohol testing here? ☐ Yes ☐ No: _____

3.

Employer name: _____

Phone: _____

Job title: _____

Dates (from / to): _____

Address (street, city, state, ZIP): _____

Reason for leaving: _____

Were you subject to FMCSA drug/alcohol testing here? ☐ Yes ☐ No: _____

4.

Employer name: _____

Phone: _____

Job title: _____

Dates (from / to): _____

Address (street, city, state, ZIP): _____

Reason for leaving: _____

Were you subject to FMCSA drug/alcohol testing here? ☐ Yes ☐ No: _____

5.

Employer name: _____

Phone: _____

Job title: _____

Dates (from / to): _____

Address (street, city, state, ZIP): _____

Reason for leaving: _____

Were you subject to FMCSA drug/alcohol testing here? ☐ Yes ☐ No: _____

Continue on attached sheet if more employers are needed to cover 10 years.

DRUG & ALCOHOL HISTORY (49 CFR 391.21)

In the past 2 years, have you tested **POSITIVE** on a DOT-required drug or alcohol test? ☐ Yes ☐ No
In the past 2 years, have you **REFUSED** a DOT-required drug or alcohol test? ☐ Yes ☐ No
Have you ever completed a DOT return-to-duty process with a Substance Abuse Professional (SAP)? ☐ Yes ☐ No
If yes to any above, explain (dates, employer, SAP completion):

FMCSA CLEARINGHOUSE CONSENT (49 CFR PART 382, SUBPART G)

I consent to Can You Dig It, LLC conducting **full and limited queries** of the FMCSA Drug & Alcohol Clearinghouse on my driver record as required by federal regulation, including pre-employment and annual queries. I understand I must also register in the Clearinghouse and provide electronic consent for full queries when requested.

Driver signature: _____ Printed name: _____ Date: _____
CDL number / state: _____ Date of birth (for Clearinghouse ID): _____

SAFETY PERFORMANCE HISTORY RELEASE (49 CFR 391.23)

I authorize each of my previous DOT-regulated employers listed in this application to release to Can You Dig It, LLC my safety performance history, including drug and alcohol testing records and accident history, as required by 49 CFR 391.23. I release those employers from liability for providing this information.

Driver signature: _____ Printed name: _____ Date: _____

EQUIPMENT YOU CAN OPERATE (CHECK ALL)

- | | | | |
|--|-------------------------------------|---|--|
| ☐ Tractor-trailer (CDL-A) | ☐ Dump truck | ☐ Water truck | ☐ Hotshot / Gooseneck |
| ☐ Backhoe | ☐ Excavator | ☐ Bulldozer | ☐ Motor grader |
| ☐ Skid steer | ☐ Forklift | ☐ Roller / Compactor | ☐ Trencher |

Other equipment / skills: _____

CONSTRUCTION & DIRTWORK EXPERIENCE

List your construction and dirtwork experience below — type of work and years (e.g., dirtwork, excavation, pad building, road work, concrete, pipeline, roustabout, oilfield services, trucking).

CERTIFICATIONS

H2S: _____	PEC Safeland / Safegulf: _____	OSHA-10 / 30: _____
First Aid / CPR: _____	Tanker / HazMat endorsements: _____	Other: _____

AVAILABILITY

- ☐ Full-time ☐ Part-time ☐ Temporary / Day work

Willing to travel and stay overnight for out-of-town work? ☐ Yes ☐ No
Willing to work nights, weekends, and on-call emergency response? ☐ Yes ☐ No

REFERENCES (PROFESSIONAL — NO RELATIVES)

Name (1): _____	Relationship: _____	Phone: _____	Years known: _____
Name (2): _____	Relationship: _____	Phone: _____	Years known: _____

EMERGENCY CONTACT

Name:

Relationship:

Phone:

DRUG & ALCOHOL TESTING CONSENT

I understand that Can You Dig It, LLC maintains a DOT/FMCSA Drug & Alcohol Policy, that compliance is a condition of employment, and that I will be subject to pre-employment, random (consortium), post-accident, reasonable-suspicion, return-to-duty, and follow-up testing as required by 49 CFR Parts 40 and 382. I consent to such testing.

CERTIFICATION & AT-WILL EMPLOYMENT

I certify that the information on this application is true and complete, and that I have listed all employers, accidents, and violations as required above. I understand that false, incomplete, or misleading information may result in refusal to hire or, if hired, termination. I understand that if hired, my employment is **at-will**: either the Company or I may end the employment relationship at any time, with or without cause or notice, and nothing in this application or any Company document creates a contract of employment.

Applicant signature:

Printed name:

Date:

Can You Dig It, LLC is an equal opportunity employer. Employment decisions are made without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other protected status under applicable law.