DRIVER EMPLOYMENT APPLICATION An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION												
FIRST NAME			MIDDLE NAME					LAST NAME				
PHONE			EMAIL					TO WILL				
DATE OF BIR	тн		SOCIAL S	ECURITY	′#							
DATE OF APPLICATION	N	POSITION APPLIED FOR							DATE AVA			
Do you hav	Do you have legal right to work in the United States?											
	PREVIOUS THREE YEARS RESIDENCY											
	Attach additional sheet if more space is needed											
	STREET					CITY				STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT												
MAILING												
PREVIOUS												
PREVIOUS												
PREVIOUS												
				ICENSE	INEOP	MATION						
not have n	LICENSE INFORMATION No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach											
	sheets if needed. LICENSE #		TYPE/CL	ASS			ENDORS	SEMENTS				EXPIRATION DATE
												57.112
				PREVOIU	SLY HELI	O LICENSE	:S					1
DRIVING EXPERIENCE												
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VA	AN TANK ELAT	ETC \					DATE FR	OM	DATE TO		APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK	THE OF EQUILIBRIENT (VA	NIV, TAIVIC, I LAT,	LIC.					DATETI	Olvi	DATETO		WILLS (TOTAL)
TRACTOR &												
TRACTOR &	K											
2 TRAILERS TRACTOR &												
TANKER												
OTHER												

			ACCIDENT RECORD	FOR THE	PAST 3	YEARS			
		Attach additio	onal sheet if more spo	ace is nee	ded. Che	ck this box	x if none \square		
DATES (List most recent first)	NATUR	E OF ACCIDENT (Head-on, rea	ar-end, upset, etc.)				# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)
	TR#	AFFIC CONVICTIONS AND						OLATIONS)	
DATE		Attach adaitie	onal sheet if more spo	ace is nee	aea. Cne	CK this box	k if none \square		
DATE CONVICTED (Month/Year)	VIOLA	TION			ATE OF DLATION	PENALTY (Forfeited bond, collateral and/or points)			r points)
Has any lice If yes, explai	-	mit, or privilege ever be	een suspended or r	evoked?			□ YES	o □ NO	
employment employment month must i	for the l history ; be explo	arrier Safety Regulations ast three (3) years. <i>In a</i> ct for an additional seven nined. current position, includi	ddition, if you have (7) years (for a tot	quire the driven o	at all app a comme (10) yed	ercial veh ars). Any	icle previously gaps in employ	, you must p vment in exc	orovide cess of one (1)
You are requi	red to li	st the complete mailing	address, including	street ni	umber, c	ity, state	, zip; and comp	lete all othe	er information.
CURRENT (MOS	T RECENT	T) EMPLOYER							
NAME					PH	ONE			
ADDRESS									
POSITION HELD				FROM MO/YR			TO MO/YR		
REASON FOR LE							SALARY		
EXPLAIN ANY G	APS IN						3.2.111		
month/year & r									

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? \Box YES \Box NO								\square NO	
Was the i	iob designa	ted as a safety-sensitive function in	any Departme	nt of Transpo	ortation-regu	lated			
mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							☐ YES	□ NO	
	,		<u> </u>	, ,,					
SECOND (N	OST RECENT	EMPLOYER							
NANAE									
NAME				PHONE	-				
ADDRESS									
	FROM TO								
POSITION F	HELD		MO/YR			MO/YR			
REASON FO	OR LEAVING					SALARY			
EXPLAIN AN						SALAKI			
EMPLOYME	ENT (Include								
month/yea	r & reason)								
While em	nployed her	e, were you subject to the Federal N	Notor Carrier S	afety Regula	tions?		\square YES	\square NO	
			_	•					
_	_	ted as a safety-sensitive function in a		· ·	_	lated	□ vcc		
mode sub	bject to alco	phol and controlled substances testing	ng as required	by 49 CFR, p	art 40?		☐ YES	□ NO	
THIRD (MO	OST RECENT) E	MPLOYER							
טועו) שאווויו	JOT RECEIVITY E	WII LOTEN							
NAME				PHONE	<u> </u>				
ADDRESS									
ADDRESS			FROM			то			
POSITION F	HELD		MO/YR			MO/YR			
REASON FOR LEAVING SALARY									
EXPLAIN AN	NY GAPS IN ENT (Include								
month/yea	•								
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?									
Was the j	job designa	ted as a safety-sensitive function in	any Departme	nt of Transpo	ortation-regu	lated			
mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?							\square NO		
CCLIOOL		NAME O LOCATION	EDUCATION		VEARC	CRADUATE	DETAILC		
SCHOOL	_	NAME & LOCATION	COUR	SE OF STUDY	YEARS COMPLETED	GRADUATE Y N	DETAILS		
High Schoo	ol								
College									
Other									
OTHER QUALIFICATIONS									
Please list any other qualifications that you have and which you believe should be considered.									

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
	·		
Applicant Name (printed)			