APPLICATION FOR EMPLOYMENT

LOGISTICSllc

DF LOGISTICS LLC.
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APPLICANT INFORMATION

Name:_____
           (First)   (Middle)   (Last)

Current Address:_____
            (Street)   (City)   (State, Zip)

Previous Address:_____
            (Street)   (City)   (State, Zip)

Phone #:(_____)_____ Date of Birth:_____

Social Security#:_____

Emergency Contact Name:_____ Relation:_____

Contact Address:_____

Phone #:(_____)_____

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
/	/	/	
/	/	/	

DRIVER EXPERIENCE

Type of Equipment	From (MM/DD/YY)	To (MM/DD/YY)	Approx. # of Miles

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐Yes ☐No
Have any license, permit, or privilege ever been suspended or revoked? ☐Yes ☐No
If you answered yes to either of the above 2 questions, attach a statement of explanation

TICKETS / ACCIDENTS / ETC.

	Date (MM/DD/YY)	Description		# of Injuries / Fatalities
Accident Record for	_____	_____		_____
	_____	_____		_____
Past 3 Yrs.	_____	_____		_____

	Location	Date(MM/DD/YY)	Charge	Penalty
Traffic Convictions & Forfeitures For Past 3 Yrs.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ Employed From: _____ To: _____
Address: _____
Phone #: (____)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From: _____ To: _____
Address: _____
Phone #: (____)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From: _____ To: _____
Address: _____
Phone #: (____)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From: _____ To: _____
Address: _____
Phone #: (____)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ Employed From:_____ To:_____
Address: _____
Phone #: (___)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From:_____ To:_____
Address: _____
Phone #: (___)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From:_____ To:_____
Address: _____
Phone #: (___)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From:_____ To:_____
Address: _____
Phone #: (___)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From:_____ To:_____
Address: _____
Phone #: (___)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

Employer: _____ Employed From:_____ To:_____
Address: _____
Phone #: (___)_____ Supervisor: _____
Position: _____ Reason for Leaving: _____
Were you subject to the FMCSRs while employed? ☐Yes ☐No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? ☐Yes ☐No

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

_____

_____

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

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To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of 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 of employment has been extended.) I hereby release employers, school, 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 interviews 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 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:

- Review information provided by the previous employers;

- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and

- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature: _____ Date: _____