

**MID STATES ENTERPRISES  
2058 US HWY 75  
OMAHA, NE 68152**

## Application For Employment

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City, State, Zip)

CELL PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SS# \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City, State, Zip)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	D A T E S FROM TO	APPROX. NUMBER OF TOTAL MILES
STRAIGHT TRUCK			
TRACTOR & SEMI- TRLR			
TRACTO-TWO TRAILERS			
OTHER			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

## APPLICATION FOR EMPLOYMENT (PAGE 2)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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, attach statement giving details.)

**EMPLOYMENT RECORD (Attach sheet if more space is needed)**

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

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.

\_\_\_\_\_  
 Date Applicant's Signature

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