

Application for Employment

Company _____ Street Address _____

City _____ State _____ Zip _____

Name _____ Hire Date _____
(First) (Middle) (Maiden Name, If any) (Last)

Address _____ # Years _____
(Street) (City) (State & Zip)

Date of Birth _____ Social Security _____

Previous Three-Year Residency

Address _____ # Years _____
(Street) (City) (State & Zip)

Address _____ # Years _____
(Street) (City) (State & Zip)

Address _____ # Years _____
(Street) (City) (State & Zip)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Driver's License Information

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor & Semi- Trailer				
Tractor & Two Trailers				
Other				

Accident Record for Past Three Years

DATES	NATURE OF INCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES

Traffic Convictions & Forfeitures for the Past Three Years

(OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (Month/Year)	STATE OF VIOLATION (Location)	CHARGE/VIOLATION	PENALTY (Forfeited Bond, Collateral and/or Points)

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

Note: Applicants who desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. They must give the same information for all employers they have driven a commercial motor vehicle for the seven years prior to the initial three years (total of a 10-year employment record).

LAST EMPLOYER:

Name _____

Address _____
(Street) (City) (State & Zip)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

(Month/Year) & Reason _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by previous employer?
Yes No

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER:

Name _____

Address _____
(Street) (City) (State & Zip)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

(Month/Year) & Reason _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by previous employer?
Yes No

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER:

Name _____

Address _____
(Street) (City) (State & Zip)

Position Held _____ From _____ To _____ Salary _____

Reasons For Leaving _____

(Month/Year) & Reason _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by previous employer?
Yes No

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

To Be Read & 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.

Applicant's Signature _____ Date _____

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