



MatrixTech Specialties, LLC

APPLICATION FOR EMPLOYMENT

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(HOUSE/APT NUMBER & STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

IF LESS THAN FIVE YEARS AT CURRENT ADDRESS, LIST PREVIOUS ADDRESS(ES)

(HOUSE/APT NUMBER & STREET) (CITY) (STATE & ZIP CODE) (# OF YEARS)

(HOUSE/APT NUMBER & STREET) (CITY) (STATE & ZIP CODE) (# OF YEARS)

(HOUSE/APT NUMBER & STREET) (CITY) (STATE & ZIP CODE) (# OF YEARS)

DRIVERS LICENSE INFORMATION

ISSUING STATE: _____

TYPE: _____

LICENSE NO.: _____

EXPIRATION DATE: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM/TO DATES	APPROX MILES
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - 2 TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH EXTRA SHEET, IF NEEDED)

DATES	NATURE OF ACCIDENT	# FATALITIES	# INJURIES	CHEMICAL SPILLS
				Y / N
				Y / N
				Y / N

TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION)			
DATE OF CONVICTION	VIOLATION	STATE	PENALTY

(ATTACH EXTRA SHEET, IF NEEDED)

A. Have you ever been denied a license, permit, privilege to operate a motor vehicle? Yes No

If yes, explain _____

B. Has any license, permit or privilege been suspended or revoked? Yes No

If yes, explain _____

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER NAME: _____

(BUILDING NUMBER & STREET)	(CITY)	(STATE & ZIP CODE)	(DATES)
Position held _____	From _____	To _____	Salary _____

Job Duties: _____

REASON FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the 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:

(BUILDING NUMBER & STREET)

(CITY)

(STATE & ZIP CODE)

(DATES)

Position held _____ From _____ To _____ Salary _____

Job Duties: _____

REASON FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the 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

LAST EMPLOYER NAME:

(BUILDING NUMBER & STREET)

(CITY)

(STATE & ZIP CODE)

(DATES)

Position held _____ From _____ To _____ Salary _____

Job Duties: _____

REASON FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the 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 AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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, 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 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 employer(s) 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 current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information
- 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."

DATE

APPLICANT'S SIGNATURE

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 knowlege.

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.

Additional Information

