

APPLICATION FOR EMPLOYMENT

Company _____

Street Address _____ City _____ State _____ Zip _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____ - _____ - _____

PREVIOUS THREE YEARS RESIDENCY

Street Address _____ City _____

_____ State _____ Zip _____ # of Years Lived _____

(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
		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 PAST THREE YEARS (OTHER THAN PARING 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 providing 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 10 years employment record).

LAST EMPLOYER Employer Name: _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To _____

Salary: _____ Reasons for Leaving: _____

Gap in Employment or Unemployment, include dates and reason: Date _____

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 Employer Name: _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To _____

Salary: _____ Reasons for Leaving: _____

Gap in Employment or Unemployment, include dates and reason: Date _____

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

THIRD LAST EMPLOYER Employer Name: _____

Street Address: _____ City _____ State _____ Zip _____

Position Held: _____ From: _____ To _____

Salary: _____ Reasons for Leaving: _____

Gap in Employment or Unemployment, include dates and reason: Date _____

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

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.