

# **APPLICATION FOR EMPLOYMENT**

Twenty Four 7 Trucking LLC. 4801 Glenwood Avenue Raleigh, NC 27612

#### **APPLICANT INFORMATION**

Name:				
(First)	(	(Middle)	(Last)	
Current Address:				
(St	reet)	(City)	(State, Zip)	How Long?
Previous Address(es):				
(	(Street)	(City)	(State, Zip)	How Long?
-	(Street)	(City)	(State, Zip)	How Long?
Phone #:()	Date of B	irth:	Social Security #:	
Emergency Contact N	ame:		Relation:	
Contact Address:			<b>Phone #:</b> (_	)
	DRIVER'S	LICENSE INF	FORMATION	
State /	License #	/	Туре	Expiration Date _/_
/		/		
	DRI	VER EXPERI	ENCE	
Type of Equipment	From (	Date)	To (Date)	Approx. # of Miles
Have you ever been der	nied a license, pern	nit or privilege to	operate a motor vehi	cle? Yes No
Has any license, permit	_		_	Yes No
tas any needse, permit	or privilege ever t	cen suspended of	i icvorcu:	100 110

### TICKETS / ACCIDENTS / ETC.

	Date Description	on	# of Ir	njuries / Fatalities
Accident _				
Past 3 Yrs.				
	Location	Date	Charge	Penalty
Traffic	-			-
Convictions				
& Forfeitures				
for Past 3 Yrs	i		ř	
	E	MPLOYMENT RECO	ORD	
	equires employment for 3 ye	ars previous and/or commercia	al driving experience for	
Employer: _		Emplo	oyed From:	To:
Address:				
Phone: (	)	_Supervisor:		
	to the FMCSRs while employe gnated as a safety sensitive fun	_ Reason for Leaving:ed?   Dealer		
Employer:		Emplo	oyed From:	To:
Address:				
Phone: (	()	_Supervisor:		
	•	Reason for Leaving:_ ed? □ Yes □ No action in any DOT regulated mod		cohol testing requirements
		Emplo	oyed From:	To:
Address:		a .		46
	()			
Position:		Reason for Leaving:_		
		ed?   Yes   No   notion in any DOT regulated mod	e subject to the drug & alo	cohol testing requirements

## 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:_		
Was your job des of 49 CFR Part 4	signated 40? □ Ye	FMCSRs wh as a safety s es □ No	ile employed?   Yes  note on Note of the control of	eaving:	alcohol testing requirements
Address:					
Phone:	(				
	t to the F	MCSRs wh	Reason for I	eaving:	
Employer:				Employed From:	To:
Address:					
Phone:	(	_)	Supervisor:_		
	signated	FMCSRs wh as a safety s	ile employed? □ Yes □ No	Leaving:	
Employer:				Employed From:	To:
Address:					
Phone:	(	_)	Supervisor:_		
	signated	FMCSRs wh as a safety s	ile employed? □ Yes □ No	Leaving:	
Employer:				Employed From:	To:
Address:					
Phone:	(	_)	Supervisor:_		
Was your job des of 49 CFR Part 4	t to the F signated 40? □ Ye	FMCSRs wh as a safety s es □ No	ile employed? □ Yes □ No	Leaving: gulated mode subject to the drug &	

### **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						
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, 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 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 employer; and						
• 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.						
Signature: Date:						