



## DRIVER EMPLOYMENT APPLICATION

TOP NATIONS LOGISTICS, LLC  
 6709 RAYMOND RD. #202 MADISON, WI 53719  
 262-315-0802  
 topnationslogistics@gmail.com  
 An Equal Opportunity Employer

### APPLICANT INFORMATION

<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>		<b>LAST NAME:</b>	
<b>PHONE:</b>		<b>EMAIL:</b>			
<b>DATE OF BIRTH:</b>		<b>SOCIAL SECURITY NUMBER:</b>			
<b>DATE OF APPLICATION:</b>		<b>POSITION APPLIED FOR:</b>		<b>STARTING DATE FOR WORK:</b>	ss
<b>CURRENT ADDRESS:</b>		<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>

**DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?**     YES    NO

### LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE:	LICENSE #:	TYPE/CLASS:	ENDORSEMENTS:	EXPIRATION DATE:

### PREVIOUSLY HELD LICENSES


Have you ever been denied a license, permit, or privilege to operate a motor vehicle?     YES    NO  
 If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked?     YES    NO  
 If yes, explain:

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Attach an additional sheet if more space is needed. Check this box if none:

<b>DATES</b> <i>(List most recent first)</i>	<b>NATURE OF ACCIDENT</b> ( Head-on, rear-end, upset, etc.)	<b># FATALITIES</b>	<b># INJURIES</b>	<b>CHEMICAL SPILLS</b> (YES/NO)

**DRIVING EXPERIENCE**

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIPMENT</b> (VAN, TANK, FLAT, ETC)	<b>DATE FROM</b>	<b>DATE TO</b>	<b>APPROX # OF MILES</b> (TOTAL)
<b>STRAIGHT TRUCK</b>				
<b>TRACTOR &amp; SEMI-TRACTOR</b>				
<b>TRACTOR &amp; 2 TRAILERS</b>				
<b>TRACTOR &amp; TANKER</b>				
<b>OTHER</b>				

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

Attach additional sheets if more space is needed. Check this box if none:

<b>DATE CONVICTED</b> (Month/Year)	<b>VIOLATION</b>	<b>STATE OF VIOLATION</b>	<b>PENALTY</b> (Forfeited bond, collateral and/or points)

## EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT ( MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING		SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 48 CFR, part 40?  YES  NO

SECOND ( MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING		SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 48 CFR, part 40?  YES  NO

THIRD ( MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING		SALARY			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 48 CFR, part 40?  YES  NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS(OPTIONAL)
				Y	N	
High School						
College						
Other						

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

REFERENCES (Note: 2 references minimum required)			
COMPANY	NAME	PHONE NUMBER	EMAIL
1.			
2.			
3.			

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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 knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Name (printed):	Date:
Applicant Signature	Date: