



Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

** If possible, please provide a copy of Driver's License and attach.*

Are you authorized to work in the United States? YES NO Have you been involved in any previous accidents? YES NO

Do you have a valid CDL license? YES NO If yes, explain? _____

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

If yes, explain: _____

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).

Start with the last or current position and work backwards(attach separate sheets if necessary). Please list all information possible. The complete mailing address, including street number, city, state,zip; and complete all other information.

Contact Name: _____ Dates of Employment: _____

Company: _____ Phone: _____

Address: _____

Reason for Leaving: _____ May we Contact: _____

Contact Name: _____ Dates of Employment: _____

Company: _____ Phone: _____

Address: _____

Reason for Leaving: _____ May we Contact: _____

Contact Name: _____ Dates of Employment: _____

Company: _____ Phone: _____

Address: _____

Reason for Leaving: _____ May we Contact: _____

Contact Name: _____ Dates of Employment: _____

Company: _____ Phone: _____

Address: _____

Reason for Leaving: _____ May we Contact: _____

Contact Name: _____ Dates of Employment: _____

Company: _____ Phone: _____

Address: _____

Reason for Leaving: _____ May we Contact: _____

Accident Record for the Past 3 Years

Please give all details if involved in an accident in the past 3 years. Attach additional sheet if more space is needed. Write None if N/A.

Accident Details: _____ Date: _____

Accident Details: _____ Date: _____

Traffic Convictions and Forfeitures for 3 Years

Please give all details if involved in an accident in the past 3 years. Attach additional sheet if more space is needed. Write None if N/A.

Accident Details: _____ Date: _____

Accident
Details:

Date:

Signature and Agreement

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment and other related matters as may be necessary in arriving at an employment decision. I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

**If possible, please provide a copy of Driver's License and attach.*

Signature:

Date:

Please send the application to the email listed below or fax number.

dispatch@vfreightllc.com

(602)-560-9657