

Application For Employment

COMPANY _____ STREET ADDRESS _____

CITY, STATE, AND ZIP CODE _____

NAME _____
(First) (Middle) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State, Zip Code)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

ADDRESS FOR PAST _____ HOW LONG? _____
THREE YEARS (Street) (City) (State, Zip Code)

_____ HOW LONG? _____
(Street) (City) (State, Zip Code)
(ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	D A T E S FROM	TO	APPROX. NUMBER OF TOTAL MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRLR				
TRACTO-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 a statement giving details.)

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

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.

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.