



Name: _____
 (First) (Middle) (Maiden Name, if any) (Last)

Address: _____ How Long? _____
 (Street) (City) (State & Zip Code)

Date of Birth: _____ Social Security No. _____ Hire Date _____
 Phone Number (Land/Cell) _____ E-mail Address _____

Previous Three Years Residency

 (Street) (City) State&Zip code) #Years _____

 (Street) (City) State&Zip code) #Years _____

 (Street) (City) State&Zip code) #Years _____

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)	
		From	To	Miles	(Total)
Straight Truck	_____	_____	_____	_____	_____
Trailer	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Accident Record for Past 3 years or more (attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Number Fatalities	Number Injuries
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

****Please note that we will be running your driver's license prior to hiring to verify you have a valid driver's license and a clean driving record****



Education

Name of High School and College and Graduation Dates

Employment Record

Must list the complete mailing address: street number and name, city, state and zip code.

Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year) and Reason

Second Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year) and Reason

Third Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year) and Reason

****Please note that Optical Xperts, LLC., reserves the right to contact previous employers to verify past employment****

Are you an American Citizen Yes No

Have you ever been convicted of, or pleaded "no contest" to a felony within the last five years? Yes No

If Yes, please explain _____

Military

Have you ever been in the Armed Forces? Yes No

Are you now a member of the Armed Forces? Yes No Specialty _____ Date Entered _____

DATE

APPLICANT'S SIGNATURE

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.

Emergency Contact: _____ Phone _____

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