## **APPLICATION FOR EMPLOYMENT**

COMPANY	COMPANY STREET ADDRESS				
CITY, STATE A	ND ZIP CODE				
NAME					
	(FIRST)	(MIDDLE)	(Maiden Name, if any)	(LAST)	
ADDRESS				HOW LONG?	
	(STREET)	(CITY)	(STATE & ZIP CODE)		
DATE OF BIRT	н	SOCIAL SECURITY NO.		HIRE DATE	
TELEPHONE N		E-I	MAIL ADDRESS		
		PREVIOUS THREE YEAR	RS RESIDENCY		
				# YEARS	
(STREET)		(CITY)	(STATE & ZIP CODE)		
				# YEARS	
(STREET)		(CITY)	(STATE & ZIP CODE)		
				# YEARS	
(STREET)		(CITY)	(STATE & ZIP CODE)		

(ATTACH SHEET IF MORE SPACE IS NEEDED)

#### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - 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, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES 🗆 NO 🗆
				YES 🗆 NO 🗆
				YES 🗆 NO 🗆

#### 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)

#### (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
If yes, explain		
B. Has any license, permit or privilege ever been suspended or revoked?	YES	NO

B. Has any license, permit or privilege ever been suspended or revoked?

If yes, explain

# **EMPLOYMENT RECORD**

	H SHEET IF MORE SPA			
Applicants that desire to drive in intrastate/interstate of three years. You must give the same information for the initial three years (total of ten years employment r	all employers you have record).	driven a commerci	al motor vehicle for the s	even years prior
Must list the complete mailing	address: street num	ber and name, ci	ty, state and zip code	
LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.				IONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety Was the previous job position designated as a safety substances testing requirements as required by 49 CI	Regulations (FMCSRs) sensitive function in any	while employed by	the previous employer?	
SECOND LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.	IPLOYMENT MUST E	BE EXPLAINED.	INCLUDE DATES (N	IONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by	the previous employer?	Yes 🗆 No 🗆
Was the previous job position designated as a safety substances testing requirements as required by 49 Cl		DOT regulated m	ode, subject to alcohol a	nd controlled Yes □ No □
THIRD LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.			INCLUDE DATES (N	IONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by	the previous employer?	Yes 🗆 No 🗆
Was the previous job position designated as a safety substances testing requirements as required by 49 Cl		DOT regulated m	ode, subject to alcohol a	nd controlled Yes □ No □
TO BE R	READ AND SIGNED	BY APPLICANT		
I authorize you to make sure investigations and in related matters as may be necessary in arriving at be made only if and after a conditional offer of em care providers and other persons from all liability application.	t an employment decis ployment has been ex	tion. (Generally, i tended.) I hereby	nquiries regarding mea release employers, so	lical history wil hools, health
In the event of employment, I understand that false or discharge. I understand, also, that I am required to all				result in
<ul> <li>"I understand that information I provide regarding curr contacted, for the purpose of investigating my safety p have the right to:</li> <li>Review information provided by current/previous</li> <li>Have errors in the information corrected by previous to the prospective employer; and</li> <li>Have a rebuttal statement attached to the allege accuracy of the information."</li> </ul>	performance history as i s employers; ious employers and for t	required by 49 CFF	₹ 391.23(d) and (e). I un	derstand that I
DATE		APPLICANT	'S SIGNATURE	
This certifies that I completed this application, and the knowledge.	at all entries on it and inf			best of my

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.