**APPLICATION FOR EMPLOYMENT**

**COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY, STATE AND ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME:

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

ADDRESS:

(Street) (City) (State & Zip Code)

**HIRE DATE\_\_\_\_\_\_\_\_\_\_**

# YEARS

DATE OF BIRTH SOCIAL SEC. NO.

**PREVIOUS THREE YEARS RESIDENCY**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

ADDRESS:

(Street) (City) (State & Zip Code)

ADDRESS:

(Street) (City) (State & Zip Code)

ADDRESS:

(Street) (City) (State & Zip Code)

**LICENSE INFORMATION**

# YEARS

# YEARS

# YEARS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|  |  |  |  |
|  |  |  |  |

**DRIVING EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC) | DATESFROM TO | APROX. NO. OF MILES (TOTAL) |
| STRAIGHT TRUCK |  |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  |  |  |
| TRACTOR – TWO TRAILERS |  |  |  |  |
| OTHER |  |  |  |  |

**ACCIDENT RECORD FOR PAST 3 YEARS**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

|  |  |  |  |
| --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT(HEAD-ON, REAR-END, UPDSET, ETC.) | FATATILITIES | INJURIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS)

|  |  |  |  |
| --- | --- | --- | --- |
| DATES CONVICTED(Month/Year) | STATE OF VIOLATION LOCATION | CHARGE/VIOLATION | PENALTY(Forfeited bond, collateral and/or points) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO 
2. Has any license, permit or privilege ever been suspended or revoked? YES  NO 

(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS)

**EMPLOYMENT RECORD**

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**NOTE:** Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous **3 years**. You must give the same information for all employers you have driven a commercial motor vehicle for the **7 years** prior to the initial 3 years **(total of 10 years employment record).**

**LAST EMPLOYER:** NAME ADDRESS POSITION HELD FROM TO SALARY REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES

(MONTH/YEAR) AND REASON.

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 sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No 

**SECOND LAST EMPLOYER:** NAME ADDRESS POSITION HELD FROM TO SALARY REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES

(MONTH/YEAR) AND REASON.

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 sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No 

**THIRD LAST EMPLOYER:** NAME ADDRESS POSITION HELD FROM TO SALARY REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES

(MONTH/YEAR) AND REASON.

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 sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No 

**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.