



APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
CITY, STATE AND ZIP CODE _____
NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)
DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
TELEPHONE NUMBER _____ 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 _____
(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

ENDORSEMENTS: _____

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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> 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)

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 _____

CDL/Truck Driving School: (Please list any CDL Schooling in the past 10 Years)

NAME _____ FROM _____ TO _____

ADDRESS _____ PHONE _____

EMPLOYMENT RECORD**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

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

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

Gap Explanation: (explain any 30+ day gap from last employer to present)

EMPLOYMENT DETAILS: NAME _____

SUPERVISOR NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SUPERVISOR NAME: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

☐ Yes ☐ No If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES driven during employment FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Gap Explanation: (explain any gap between these employers) _____

EMPLOYMENT DETAILS: NAME _____

SUPERVISOR NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SUPERVISOR NAME: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

☐ Yes ☐ No If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES driven during employment FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Gap Explanation: (explain any gap between these employers) _____

EMPLOYMENT RECORD (Continued)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Must list the complete mailing address: street number and name, city, state and zip code.**EMPLOYMENT DETAILS:** NAME _____

SUPERVISOR NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SUPERVISOR NAME: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

☐ Yes ☐ No If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES driven during employment FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

Gap Explanation: (explain any gap between these employers) _____

EMPLOYMENT DETAILS: NAME _____

SUPERVISOR NAME: _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SUPERVISOR NAME: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

☐ Yes ☐ No If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES driven during employment FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

CERTIFICATION OF NO FURTHER DOT \ FMCSA \ HISTORY:

☐ I certify that I have provided all employers in the previous 3 years, and any periods of employment regulated by the Department of Transportation in the previous 10 years. No other employers were regulated under DOT/FMCSA in the previous 10 years _____ Initial

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

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.

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