

Application For Employment

General Information				
Company Name			Company Address	
Applicant Name			Home Address	
Date of Birth	Social Security No.	Telephone Number	Email	
Previous Addresses for Past Three Years				Number of 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.			
Issuing State	License Number	Class	Expiration Date

Driving Experience		
Type of Equipment <small>(Van, Bus, Truck, Tractor, etc.)</small>	Approximate Amount of Time Operated	Approximate Number of Miles Operated

Accident Record for Past Three Years				
Date of Accident	Nature of Accident <small>(Animal, Rear-End, Overturn, etc.)</small>	Number of Injuries	Number of Fatalities	Chemical Spill? <small>(Yes or No)</small>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Traffic Convictions and Forfeitures for the Past Three Years			
Date Convicted <small>(Month/Year)</small>	Violation <small>(Do Not Include Parking Tickets)</small>	Location <small>(City, State)</small>	Penalty <small>(Forfeited Bond, Points, etc.)</small>
Please Answer:		Yes / No	If Yes, Please Explain
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			
Has any license, permit or privilege ever been suspended or revoked?			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Employment Record

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.

Previous Employer Name		Previous Employer Address	
From	To	Telephone	Email
Position		Salary	Reason 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

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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."

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.

APPLICANT'S SIGNATURE

DATE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.