

APPLICATION FOR EMPLOYMENT

NAME:						HIRE DATE://		
	(First)		(Middle)	(Last)		•		
ADDRESS:			(C')	(0. 1. 0. 7	. (. 1)	# YEARS:		
	(Street)		(City)	(State & Z	email:			
ATE OF BIRTH	:		PHONE	NUMBER:				
		PREVIOU	S THREE YEAL	RS RESIDE	NCY			
DDRESS:							# YEARS	
DDRESS:	S:						# YEARS	
ADDRESS:							# YEARS	
		LIC	CENSE INFORM	MATION				
STATE		ICENSE NUMB	ER	ТҮРЕ		EXPIRATION DATE		
Ī				Ī	,			
ļ.		DI	RIVING EXPER	RIENCE				
CLASS OF EQUIPMENT		TYI		DATES		APPROX NO. OF		
		(VAN	.)	FROM	ТО	MILES (TOTAL)		
STRAIGHT T	RUCK							
TRACTOR AND SEMI-TRAILER								
TRACTOR- TWO TRAILERS								
ОТНЕК	ł							
		ACCIDENT	RECORD FOR	R PAST 3 Y	EARS			
			H SHEET IF MORE SP.	ACE IS NEEDED))			
DATES		CCIDENT (HEAD- R-END, ETC.)	-ON,	INJURIES		F	FATALITIES	
l	TRAFFIC (CONVICTION	S AND FOREF	FITHRES E	OR PAST	3 VEARS		
,	INAFFIC		HER THAN PARKING V		OKTASI	JILANS		
DATES CONVICTED		STATE OF CHARGE/VIOLATION			PENALTY			
(MONTH/YEAR)		VIOLATION	<u> </u>					
			nse, permit or privil ge ever been susper			hicle'?	Yes N	

EMPLOYMENT RECORD

NOTE: Applicants that desire to drive in 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:	•				<u> </u>							
POSITION HELD:	FROM:	TO:	SALARY:									
REASONS FOR LEAVING:												
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON:												
Were you subject to the Federal Motor Carrier S	afety Regulations (FMC	SRs) while employed by the	e previous employer?	☐ Yes	_ No							
Was the previous job position designated as a sa	fety sensitive function in	any DOT regulated mode,	subject to alcohol and contro		_							
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 UN	EMPLOYMENT MUST	BE EXPLAINED. INCLU	JDE DATES AND REASON	:								
Were you subject to the Federal Motor Carrier S	afety Regulations (FMC	SRs) while employed by the	e previous employer?	☐ Yes	_ No							
Was the previous job position designated as a sa	fety sensitive function in	any DOT regulated mode,	subject to alcohol and contro		sting							
requirements as required by 49 CFR Part 40?				Yes	□No							
THIRD LAST EMPLOYER: ADDRESS:												
POSITION HELD:		TO:	SALARY:		_							
REASONS FOR LEAVING:												
ANY GAPS IN EMPLOYMENT AND/OR UN	EMPLOYMENT MUST	BE EXPLAINED. INCLU	JDE DATES AND REASON	:								
Were you subject to the Federal Motor Carrier S	afety Regulations (FMC	SRs) while employed by the	e previous employer?	☐ Yes	_ _ No							
Was the previous job position designated as a sa	fety sensitive function in	any DOT regulated mode,	subject to alcohol and contro		-							
requirements as required by 49 CFR Part 40?				☐ Yes	□No							
7	ΓΟ RE READ ANΓ	SIGNED BY APPL	ICANT									
This certifies that this application was completed												
to the best of my knowledge.	, ,		1									
Date												

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