



EMPLOYMENT APPLICATION

APPLICATION INFORMATION					
First Name		Middle Name		Last Name	
Phone		Email			
Date of Birth		Social Security#			
Date of Application		Position Applied for		Date Available for Work	

Do you have legal right to work in the United States? Yes No

PREVIOUS THREE YEARS RESIDENCY					
	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle				
State	License #	Type/Class	Endorsement	Expiration Date
Previously Held License				

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Refrigerated, Flat, Etc.)	Date from	Date to	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Dates (List most recent first)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	# Fatalities	# Injuries	Chemicals Spills (Yes/No)



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ACCIDENT RECORD FOR THE PAST 3 YEARS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Date Convicted (month/year)	Violation	State of Violation	Penalty (Forfieted bond, Collaberal and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
If yes, explain

Have you ever been convicted of a felony? Yes No
If yes, explain

Have you ever used an illegal drug, including marijuana? Yes No
If yes, explain

EMPLOYMENT HISTORY

The federal Motor Carrier Safety regulations (49 CFR 391, 21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) year). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets in necessary). You are required to list the complete mailing address, including street number, city, state, zip and complete all other information.

CURRENT (MOST RECENT) EMPLOYER

Name		Phone	
Address			
Position Held		From Mo/Yr	To Mo/Yr
Reason for leaving			Salary
Explain any gaps in employment (include month/year and reason)			

While employed here , were you subject to the Federal Motor Carrier Safety Regulation?
Yes No

Was the job designated as a safety-sensitive function in any of the transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?
Yes No



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SECOND (MOST RECENT) EMPLOYER				
Name		Phone		
Address				
Position Held		From Mo/Yr		To Mo/Yr
Reason for leaving				Salary
Explain any gaps in employment (include month/year and reason)				
<p>While employed here , were you subject to the Federal Motor Carrier Safety Regulation?</p> <p>Yes No</p> <p>Was the job designated as a safety-sensitive function in any of the transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?</p> <p>Yes No</p>				

THIRD (MOST RECENT) EMPLOYER				
Name		Phone		
Address				
Position Held		From Mo/Yr		To Mo/Yr
Reason for leaving				Salary
Explain any gaps in employment (include month/year and reason)				
<p>While employed here , were you subject to the Federal Motor Carrier Safety Regulation?</p> <p>Yes No</p> <p>Was the job designated as a safety-sensitive function in any of the transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?</p> <p>Yes No</p>				

EDUCATION						
School	Name and Location	Course of Study	Years Completed	Graduate		Details
				Yes	No	
High School						
College						
Other						



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OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contracting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving an employment decision. I hereby release employers, schools health care providers, and other persons from all liability in responding to requires 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 also understand that I am required to abide by all rules and regulations of the company.

I understand that the information I provide regarding my 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information to the prospective employers, and for those previous employers to resent 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 can not 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 Signature		Date	
Applicant Name (Printed)			