



PO Box 486 Fargo, ND 58107  
 Ph: 701-282-0780 Fax: 701-277-0405

## Application for Employment

### Personal

Name:	Phone #:
Date:	Date of Birth:
Address:	Social Security#:
City, State:	Zip:

### Address Past Three Years

Address:	City:
State:	Zip:

Address:	City:
State:	Zip:

Address:	City:
State:	Zip:

### Driver Experience and Qualifications

Drivers License #:	State:
Class:	Expiration Date:

### Driving Experience

Class of Equipment	Type of Equipment (tanker, hopper, deck, etc)	Approx. # of (Miles)	Dates	
			From:	To:
Straight Truck				
Tractor Trailer				
Tractor-Trains				
Trailers				
Other				



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**Accident Record for Past 3 Years or More (Attach Sheet If More Space Needed)**

	Date	Nature of Accident (Head-on, Rear-End, Etc.)	Fatalities	Injuries
Last Accident				
NextPrevious				
NextPrevious				

**Have your driving privileges ever been suspended due to revocation or suspension of your driver's license? If yes, please provide details of this loss of privilege.**

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**Traffic Convictions for the Past 3 Years or More**  
 (Other than parking Violations / Attach sheet if more space is needed)

Date	Location	Charge	Penalty

**Employment history**

**Please provide previous employment history for the past 10 years if employed as an operator of a commercial motor vehicle or for the past 3 years for all other forms of employment.**

Previous Employer

Company:	Phone #:
Contact:	Position:
City / State:	Zip:
Position Held:	From: To:

**While working for this company, were you subject to USDOT regulations?**

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**While working for this company were you subject to alcohol and controlled substance testing as required by 49 CFR Part 40?**

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Previous Employer

Company:	Phone #:
Contact:	Position:
City / State:	Zip:
Position Held:	From: To:

**While working for this company, were you subject to USDOT regulations?**

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**While working for this company were you subject to alcohol and controlled substance testing as required by 49 CFR Part 40?**

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Previous Employer

Company:	Phone #:
Contact:	Position:
City / State:	Zip:
Position Held:	From: To:

**While working for this company, were you subject to USDOT regulations?**

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**While working for this company were you subject to alcohol and controlled substance testing as required by 49 CFR Part 40?**

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To Be Read and Signed By Applicant

This certifies that I completed this application, and all entries on it and information in this application are true and complete to the best of my knowledge.

Applicant's Signature

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