

AFD

Advanced Freight Dynamics LLC

PO BOX 3628 Conroe TX 77305
 Phone # (281) 651-5462 Fax # (936) 756-9070
 Afd-web.com

APPLICATION FOR EMPLOYMENT

NAME _____
 (FIRST) (MIDDLE) (MAIDEN, IF ANY) (LAST)

DATE OF BIRTH _____ SOCIAL SEC NO _____

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF NEEDED):

ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE) (ZIP)

ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE) (ZIP)

ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE) (ZIP)

EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF NEEDED):

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	STRAIGHT TRUCK				
	TRACTOR AND SEMI TRAILER				
	TRACTOR-MULTIPLE TRAILERS				
OTHER					

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RESENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ECT)	FATALITIES	INJURIES

TRAFFIC CONVICTIO NS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

ADVERSE LICENSING ACTIONS:

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
Y/N _____

B. Has any license, permit, or privilege to operate a motor vehicle been suspended or
revoked? Y/N _____

Explain below (or attach separate sheet if more space is needed):

**EMPLOYMENT RECORE
(ATTACH SHEET IS MORE SPACE IS NEEDED):**

**NOTE: USDOT REQUIRES THAT YOU LIST YOUR EMPLOYMENT HISTORY FOR AT
LEAST THE LAST 3 YEARS AND YOUR COMMERCIAL DRIVING EXPERIENCE FOR THE
PAST 10 YEARS:**

LAST EMPLOYER

NAME: _____ FROM: _____

Contact Name : _____ Phone Number: _____

Fax #: _____ or Email: _____

ADDRESS: _____ TO : _____

POSITION HELD: _____ SALARY \$ _____ PER _____

SUBJECT TO FMCSRs? _____

SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING:

SECOND LAST EMPLOYER

NAME: _____ FROM: _____
Contact Name : _____ Phone Number: _____
Fax #: _____ or Email: _____
ADDRESS: _____ TO : _____

POSITION HELD: _____ SALARY \$ _____ PER _____

SUBJECT TO FMCSRs? _____

SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING:

THIRD LAST EMPLOYER

NAME: _____ FROM: _____
Contact Name : _____ Phone Number: _____
Fax #: _____ or Email: _____
ADDRESS: _____ TO : _____

POSITION HELD: _____ SALARY \$ _____ PER _____

SUBJECT TO FMCSRs? _____

SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING:

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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

(Date) (Signature)