

Date of Birth:				Application to	r Employi	ment					
Date of Birth:	Applicant Nar	me:					Phone:	()		-	
Date of Birth:	Address:										
Address(s) for the past three years: 2. STREET CITY ST ST ST ST ST ST ST ST ST	STR	EET			CITY			ST	ZIP		
Address(s) for the past three years: Trace:	Date of Birth:		/ /		Social S	ecurity No).:	-	-		
Address(s) for the past three years: 2.		MM	DD	YYYY							
Address(s) for the past three years: 2.											
Address(s) for the past three years: 2.		1.									
three years: STREET CITY ST ZIP HOW LONG?	Address(s)				CITY		ST	ZIP		HOW LONG?	
three years: 3. STREET CITY ST ZIP HOW LONG?		2.									
EXPERIENCE & QUALIFICATIONS – DRIVER (Attach sheet if more space is needed) LICENSE State	-				CITY		ST	ZIP		HOW LONG?	
EXPERIENCE & QUALIFICATIONS - DRIVER (Attach sheet if more space is needed) LICENSE State	, , , ,	3									
State License No. Type Expiration Date Driver License(s)		STREET			CITY		ST	ZIP		HOW LONG?	
State License No. Type Expiration Date Driver License(s)											
State License No. Type Expiration Date		EXPE	RIENCE & QU	JALIFICATIONS – DRIVE	R (Attach sh	eet if mo	ore spac	e is need	ded)		
Driver License(s) A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? If the answer to either A or B is yes, attach a statement giving details. DRIVING EXPERIENCE Type of Equipment From To Approximate No. (Date) (Date) of Miles (Total) I / / / / / / I / / / / ACCIDENT RECORD FOR PAST 3 YEARS OR MORE Date Nature of Accident (Rear-end, upset, etc.) Fatalities Injuries I / / / / / I / / / / I / / / / I / / / /	LICENSE										
Driver License(s) A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? If the answer to either A or B is yes, attach a statement giving details. DRIVING EXPERIENCE Type of Equipment (Van, Tank, Flat, etc.) (Van, Tank, Flat, etc.) (Date) (Date		State		License No.	License No.				Expiration Date		
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? If the answer to either A or B is yes, attach a statement giving details. DRIVING EXPERIENCE Type of Equipment (Van, Tank, Flat, etc.) (Date) (D	Driver								1	1	
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B. Has any license, permit or privilege ever been suspended or revoked? If the answer to either A or B is yes, attach a statement giving details. DRIVING EXPERIENCE Type of Equipment (Van, Tank, Flat, etc.) (Date) (Date) of Miles (Total)									/	/	
B. Has any license, permit or privilege ever been suspended or revoked? If the answer to either A or B is yes, attach a statement giving details. DRIVING EXPERIENCE Type of Equipment (Van, Tank, Flat, etc.) (Date) (Date) of Miles (Total)	∧ Have v	ou over he	oon donied a lie	conso pormit or privilago to	operate a mete	or vobiclo?)	□ VEC			
If the answer to either A or B is yes, attach a statement giving details. DRIVING EXPERIENCE Type of Equipment From To (Date) (Date) of Miles (Total) (Van, Tank, Flat, etc.) (Date) (J / J / J / J / J / J / J / J / J / J	=			· · · · · · · · · · · · · · · · · · ·	•	or vernicle:		_			
DRIVING EXPERIENCE Type of Equipment From To Approximate No. (Date) (Date) of Miles (Total) (Class of Equipment From (Date) (Date) (Date) of Miles (Total) (Date Date Nature of Accident (Rear-end, upset, etc.) Fatalities Injuries Injuries		-	•	-				□ 113			
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	Class of Equipment				(Da	(Date)		(Date)		of Miles (Total)	
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Date Nature of Accident (Rear-end, upset, etc.) Fatalities Injuries / / / / / / / /					,		,				
	ACCIDENT I	RECORD	FOR PAST 3	YEARS OR MORE							
TRAFFIC CONVICTIONS FOR PAST 3 VEARS (where the report in lations)	Date		Nature of Accident (Rear-end, upset, etc.)			Fata	alities	Inj	uries		
TRAFFIC CONVICTIONS FOR PAST 3 VEADS (where the providing violations)	/	/									
TRAFFIC CONVICTIONS FOR PACT 2 VEARS (when the manufaction of clotic and)	/	/									
TRAFFIC CONVICTIONS FOR PACT 2 VEARS (ash on the or worlding violations)	/	/									
TRAFFIC CONVICTIONS FOR PAST 3 YEARS (other than parking violations)	TRAFFIC CO	NVICTIO	NS FOR PAS	ST 3 YEARS (other than	parking viola	ntions)	1				

Location	Date	Charge	Penalty
	/ /		
	/ /		
	/ /		

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years

Last Employer: Name							
Address							
Position Held	From	/	/	to	/	/	Salary:
Reason(s) for leaving							
Subject to FMCSR's? Y N	Subject to dru	g/alcoho	ol testing	requiren	nents pe	r 49 CFR	Part 40?
Second Last Employer: Name							
Address							
Position Held	From	/	/	to	/	/	Salary:
Reason(s) for leaving							
Subject to FMCSR's? Y N	Subject to drug/alcohol testing requirements per 49 CFR Part 40?					Part 40? Y N	
Third Last Employer: Name							
Address							
Position Held	From	/	/	to	/	/	Salary:
Reason(s) for leaving							
Subject to FMCSR's? Y N	Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N						
Fourth Last Employer: Name							
Address							
Position Held	From	/	/	to	/	/	Salary:
Reason(s) for leaving							
Subject to FMCSR's? Y N	Subject to dru	Subject to drug/alcohol testing requirements per 49 CFR Part 40? 🔲 Y 🔲 N					
Fifth Last Employer: Name							
Address							
Position Held	From	/	/	to	/	/	Salary:
Reason(s) for leaving							
Subject to FMCSR's? Y N	Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N						
Sixth Last Employer: Name							
Address							
Position Held	From	/	/	to	/	/	Salary:
Reason(s) for leaving							
Subject to FMCSR's? Y N	Subject to dru	g/alcoho	ol testing	requiren	nents pe	r 49 CFR	Part 40? Y N

Per Sec. 391.23(i)(1), you have the following rights regarding the investigative information obtained from previous employers:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer & for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past three years.

- Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.
- _____No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

To be read and signed by Applicant

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPELTE TO THE BEST OF MY KNOWLEDGE.

Today's Date:	_ Applicant's Signature:	<u> </u>
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Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.