

EMPLOYMENT RECORD

Please list your last 10 (Ten) years of employment history. Start with your current or most recent position, including military experience. **Please include complete address. (City, State, Zip Code & Phone.)**

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates: From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates: From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates: From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates: From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

Address _____ Phone _____

Position Held _____ Dates: From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

Address _____ Phone _____

PositionHeld _____ Dates:From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

Address _____ Phone _____

PositionHeld _____ Dates:From _____ To _____ Salary _____

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Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

Employer _____ Supervisor _____

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Employer _____ Supervisor _____

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Employer _____ Supervisor _____

Address _____ Phone _____

PositionHeld _____ Dates:From _____ To _____ Salary _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES [] NO []

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES [] NO []

CFR 40.24(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety –sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? **YES** [] **NO** []

IF YES ---Have you successfully completed the return-to-duty process? **YES** [] **NO** []

IF YES ---Documentation MUST BE PROVIDED before any safety sensitive transportation function is performed.

DRIVER EXPERIENCE AND QUALIFICATION Answer the questions in this section only if applying for a driver position.

LICENSES

Driver's	State	License Number	Class	Endorsement(s)	Expiration Date
Licenses held					
in the past 3					
years must					
be shown					

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES [] NO []

B. Has any license, permit or privilege ever been suspended or revoked? YES [] NO []

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES [] NO []

If you answered "yes" to A, B or C, Give details below:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE Y/N	START DATE	END DATE	APPROX. # OF MILES
STRAIGHT TRUCK-Type: Van Tank Flat Dump Refer	YES NO			
TRACTOR AND SEMI TRAILER	YES NO			
TRACTOR-TWO TRAILERS	YES NO			
TRACTOR-THREE TRAILERS	YES NO			
MOTORCOACH-SCHOOL BUS >8 PASSENGERS	YES NO			
MOTORCOACH-SCHOOL BUS >15 PASSENGERS	YES NO			
OTHER?				

DRIVING EXPERIENCE

List states operated in during the last five years: _____

Show special courses or training that help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

TRAFFIC VIOLATIONS

(For the last 5 years other than parking violations)

Location	Date	Charge	Penalty

ACCIDENTS

(For the last 5 years. Attach a separate sheet if necessary.)

Date	Nature of Accident (Brief description)	Fatalities?	Injuries?	Hazardous Material Spill?

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

JOB FUNCTION/SHOP EXPERIENCE

Indicate training and experience in the following areas:	Formal Training or Hands On	Years experience	Indicate training and experience in the following areas:	Formal Training or Hands On	Years experience?
Drive line components			Sheet metal equipment		
Diesel engine tune-up and rebuild			Diesel injection equipment		
Gas engine tune-up and rebuild			Electric welder		
Tire service			Oxyacetylene welder		
Trailer repair			Paint spray gun		
Air conditioning			Tire and wheel balancing machine		
Body Work			Engine analyzer		
Electrical repair			Inspections		
Frame and wheel alignment			Air tools		
Brakes			Hoist		
Cooling system					
General car repair					
Electrical diagnostic equipment					

PLATFORM EXPERIENCE AND QUALIFICATIONS

List platform equipment you can operate and years experience. (fork lift, scissor lift, etc...)

CLERICAL EXPERIENCE AND QUALIFICATIONS

Indicate training and experience:	Formal training?	Years experience	Indicate training and experience:	Formal training?	Years experience
Typing (WPM)			Multi-Line Phone System		
Filing			Computer (Indicate Software below)		
Billing			Calculator/Adding Machine		
Accounting			Photocopier		
Credit Card Machine			Fax Machine		

Software Experience

List Courses and Training in Office Work

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position in this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information and facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that 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.

This application is void after one year.

Date Applicant Signature

I authorize that the information on this application has not changed since the original submission date.

Re-Submitted: _____ by: _____
Date Applicant Signature

Additional Information