

APPLICATION FOR EMPLOYMENT

Name: _____
(First – Middle – Maiden - Last)

Address: _____ How Long? _____
(Street) (City) (State & ZipCode)

Date of Birth: _____ **Social Sec. No.:** _____

Address for Past Three Years:

1. _____ How Long? _____
(Street) (City) (State & Zip Code)

2. _____ How Long? _____
(Street) (City) (State & Zip Code)

Phone: _____ **E-mail:** _____

License Qualifications – Driver

	State	License #	Type	Expiry Date
Driver				
Licenses				

Driving Experience

Class of Equipment	Type <small>(van,tank,etc)</small>	From Date	To Date	Approx. Miles <small>(Total)</small>
Straight Truck				
Tractor & SemiTrailer				
Tractor & Two Trailers				
Other				

Accident Record for Past 3 Years or More

(attach sheet if more space is needed)

Dates		Nature of Accident <small>(head-on, rear-end, etc.)</small>	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past 3 Years

(other than parking violations)

(attach sheet if more space is needed)

Location	Date	Charge	Penalty

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 ever been suspended or revoked? Y___ N___

If the answer to A or B is Yes, attach statement giving details.

Employment Record

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown

(attach sheet if more space is needed)

Last Employer: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Second Last Employer: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Third Last Employer: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

Following are pre conditions of employment:

Drug Test _____ Road Test _____ DOT Medical _____ Criminal Search _____

TO BE READ AND SIGNED BY APPLICANT

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

Date

Applicants Signature

A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations