APPLICATION FOR EMPLOYMENT

COMPANY		STREET A	DDRESS	
CITY, STATE	AND ZIP CODE			
NAME				
	(FIRST)	(MIDDLE)	(Maiden Name, if any)	(LAST)
ADDRESS				HOW LONG?
	(STREET)	(CITY)	(STATE & ZIP CODE)	
DATE OF BIRTH		SOCIAL SECURITY NO	SOCIAL SECURITY NO	
TELEPHONE NUMBER		E-N	AIL ADDRESS	
		PREVIOUS THREE YEAR	RS RESIDENCY	
				# YEARS
(STREET)		(CITY)	(STATE & ZIP CODE)	
				# YEARS
(STREET)		(CITY)	(STATE & ZIP CODE)	
				# YEARS
(STREET)		(CITY)	(STATE & ZIP CODE)	

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

			*		
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)			
(ATTACH SHEET IF MORE SPACE IS NEEDED)						
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO _						
If yes, explain						
B. Has any license, per	YES NO					

If yes, explain ____

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EMPLOYMENT RECORD

(ATTACH	H SHEET IF MORE SPA	ACE IS NEEDED)		
Applicants that desire to drive in intrastate/interstate c three years. You must give the same information for a the initial three years (total of ten years employment re	all employers you have			
Must list the complete mailing a	address: street num	ber and name, ci	ty, state and zip code.	
LAST EMPLOYER: NAME				_
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.		BE EXPLAINED.	INCLUDE DATES (MONTH/YEAR))
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by	the previous employer? Yes No	
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		DOT regulated me	ode, subject to alcohol and controlled Yes No	
SECOND LAST EMPLOYER: NAME				
ADDRESS		PHONE		_
POSITION HELD	FROM	TO	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.			INCLUDE DATES (MONTH/YEAR))
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by	the previous employer? Yes No	
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		DOT regulated m	ode, subject to alcohol and controlled Yes No	
THIRD LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.	PLOYMENT MUST E	BE EXPLAINED.	INCLUDE DATES (MONTH/YEAR))
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by	the previous employer? Yes No	
Was the previous job position designated as a safety substances testing requirements as required by 49 CF	,	DOT regulated m	ode, subject to alcohol and controlled Yes No	
TO BE R	EAD AND SIGNED I	BY APPLICANT		
I authorize you to make sure investigations and in related matters as may be necessary in arriving at be made only if and after a conditional offer of em care providers and other persons from all liability application.	an employment decis ployment has been ex	ion. (Generally, i tended.) I hereby	nquiries regarding medical history wil release employers, schools, health	II
In the event of employment, I understand that false or discharge. I understand, also, that I am required to at				
 "I understand that information I provide regarding curricontacted, for the purpose of investigating my safety phave the right to: Review information provided by current/previous Have errors in the information corrected by previous to the prospective employer; and Have a rebuttal statement attached to the alleged accuracy of the information." 	performance history as r employers; ous employers and for t	equired by 49 CFF	R 391.23(d) and (e). I understand that I ployers to re-send the corrected informati	ion
DATE		APPLICANT	'S SIGNATURE	
This certifies that I completed this application, and tha knowledge.	t all entries on it and inf	ormation in it are tr	rue and complete to the best of my	

DATE APPLICANT'S SIGNATURE Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.