



Application for Employment

Name _____
 (First) (Middle) (Maiden name, if any) (Last)
 Address _____ # Years _____
 (Street) (City) (State & Zip Code)
 Home Phone _____ Cell Phone _____
 Date of Birth _____ Email Address _____

Previous Three Years Residency

Address _____ # Years _____
 (Street) (City) (State & Zip Code)
 Address _____ # Years _____
 (Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Education

INSTITUTION	DEGREE	YEAR GRADUATED/ ATTENDED	COMPLETED
	High School Diploma/GED		

Employment Record

Note: Applicants who desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. They must give the same information for all employers they have driven a commercial motor vehicle for the seven years prior to the initial three years (total of 10 years employment record).

LAST EMPLOYER

Name _____
 Address _____
 (Street) (City) (State & Zip Code)
 Position Held _____ From _____ To _____ Salary _____
 Reason For leaving _____
 Supervisor _____ Phone # () _____

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-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER

Name _____
 Address _____
 (Street) (City) (State & Zip Code)
 Position Held _____ From _____ To _____ Salary _____
 Reason For leaving _____
 Supervisor _____ Phone # () _____

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-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Any gaps in employment and/or unemployment must be explained.

Driver's License Information

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. # OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

Accident Record for Past Three Years

DATES	NATURE OF INCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES

Traffic Convictions and Forfeitures for the Past Three Years

(OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED	STATE OF VIOLATION	CHARGE/VIOLATION	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

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

(If the answer to either a or b is yes, attach statement giving details)

Have you ever been charged or convicted of a felony? Yes No

If answered "Yes", please explain: _____

Employment is contingent upon passing a background check to be badged on military bases. If your previous record prevents you from being badged, employment will be terminated.

US Military Record

BRANCH OF SERVICE	DUTIES	DATES		Discharge Date
		From	To	

References

NAME	ADDRESS	PHONE #	YEARS KNOWN

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 complete to the best of my knowledge.

Applicant's Signature _____ date

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