# APPLICATION FOR EMPLOYMENT

### APPLICANT INFORMATION

Contact Address:			Phone #:(#)_	3
Emergency Contact Name:		Relation:		
Phone #:(#)	#_Date of Birth:	Ē	Social Security #:	1
	(Street)	(City)	(State, Zip)	How Long?
	(Street)	(City)	(State, Zip)	How Long?
Previous Address(		(City)	(State, Zip)	now Long.
Current Address:	(Street)	(City)	(State, Zip)	How Long?
(First)	(Middl	le)	(Last)	
Name:				

State	License #	Type	Expiration Date
/		1	/ 8

## DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
		台	
		8	
		<b>=</b>	

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
If you answered yes to either of the above 2 questions, attach a statement of	explana	ation

#### TICKETS / ACCIDENTS / ETC.

# of Injuries / Estalities

Description

Accident	E Descrip	Alon	or right?	CO / L didditio
Record for				
Past 3 Yrs.				
Traffic	Location	Date C	harge	Penalty
Convictions				
& Forfeiture	s			
for Past 3 Yr	s.			
NOTE: DOT	requires employment for 3	EMPLOYMENT RECORD years previous and/or commercial driving Employed Fro		10 years be shown.
Address:		Employed Fr	ли	10
	(_#)	# Supervisor:		
		Reason for Leaving:  oyed? □ Yes □ No  function in any DOT regulated mode subject t	o the drug & alcohol	testing requirements
Employer:		Employed Fr	om:	To:
Address:			- 6	
Phone:	(#)	#_Supervisor:		
Position:		Reason for Leaving:		
		oyed?   Yes   No function in any DOT regulated mode subject to	o the drug & alcohol	testing requirements
Employer:		Employed Fro	om:	То:
Address:				
Phone:	(#)	# Supervisor:		
Position:		Reason for Leaving:		

Are you Single or Married(For Tax Purposes) Check one: O:Single O:Married

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements

of 49 CFR Part 40? Yes No

SUPPLEMENTAL EMPLOYMENT RECORD NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown. Employed From: To: Employer: Address: ( #) # Supervisor: Phone: Reason for Leaving: Position: Were you subject to the FMCSRs while employed? □ Yes □ No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? TYes No Employed From: To: Employer: Address: (\_\_#)\_\_\_\_# Supervisor:\_\_\_ Phone: Position: Reason for Leaving: Were you subject to the FMCSRs while employed? 

Yes No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? D Yes No. Employed From: To: Employer: Address: ( #) # Supervisor: Phone: Position: Reason for Leaving: Were you subject to the FMCSRs while employed? □ Yes □ No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? In Yes II No. Employed From: To: Employer: Address: (\_\_#)\_\_\_\_#Supervisor:\_\_\_\_ Phone: Position: Reason for Leaving: Were you subject to the FMCSRs while employed? □ Yes □ No-Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No Employed From: To: Employer: Address: (\_\_#) # Supervisor: Phone: Position: Reason for Leaving: Were you subject to the FMCSRs while employed? □ Yes □ No-Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? D Yes No

If more space is needed please request another sheet to complete history.

### DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

In addition:  I was not employed by any company or individual I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle  To Be Read and Signed By Applicant  I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.  In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.  I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:  Review information provided by the previous employers;  Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and  Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.		From:	To:			
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