



## Application for Employment

Name \_\_\_\_\_  
                    First                    Middle                    Last

Address \_\_\_\_\_  
                    Street                                    City                                    State                    Zip Code

Years at Current Address \_\_\_\_\_ Date of Application \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### **Previous Three Years Residency – if different than current**

\_\_\_\_\_  
Street                                    City                                    State            Zip Code            # Years

\_\_\_\_\_  
Street                                    City                                    State            Zip Code            # Years  
(Attach Sheet if More Space is Needed)

### **Previous Ten Years Employment History**

Employer Name		Position Held	
Street	City	State & Zip Code	Dates Employed

Phone Number                                    Fax Number                                    Supervisor Name

Employer Name		Position Held	
Street	City	State & Zip Code	Dates Employed

Phone Number                                    Fax Number                                    Supervisor Name

Employer Name		Position Held	
Street	City	State & Zip Code	Dates Employed

Phone Number                                    Fax Number                                    Supervisor Name

(Attach Sheet if More Space is Needed)



## Application for Employment

### 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	Violation	State of Violation	Penalty

(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, permit, or privilege ever been suspended or revoked?** YES \_\_\_ NO \_\_\_

If Yes, explain \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries requiring 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 interview(s) 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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and €. I understand that I have the right to:

- Review information provided by current/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 in the accuracy of the information.”

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

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant’s Signature

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