

# APPLICATION FOR EMPLOYMENT

Company \_\_\_\_\_ Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_  
First Middle Last Telephone No.

Address \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address for Past Three Years \_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State Zip  
*(Attach Sheet if More Space is Needed)*

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE # OF MILES (TOTAL)
		To	From	
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.)	FATALITIES	INJURIES

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

LOCATION	DATE	CHARGE	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
- 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**

The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication "A Motor Carrier's Guide to Improving Highway Safety".

# EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

## CURRENT/LAST EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?  Yes  No  
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40?  Yes  No

## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?  Yes  No  
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40?  Yes  No

## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40?  Yes  No

## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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## PREVIOUS EMPLOYER

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?  Yes  No  
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## 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. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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