

1. APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

NAME _____
(FIRST) (MIDDLE) (MAIDEN, If any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

| | |
|--------------------------------|--|
| ADDRESS FOR PAST THREE YEARS } | _____ HOW LONG? _____ <small>(STREET) (CITY) (STATE & ZIP CODE)</small> |
| | _____ HOW LONG? _____ <small>(STREET) (CITY) (STATE & ZIP CODE)</small> |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

| DRIVER LICENSES | STATE | LICENSES NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|--------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

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

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSE, ETC.) | FATALITIES | INJURIES |
|---------------|---|------------|----------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| | | | |

Job Application continued ...

TRAFFIC CONVICTIONS AND FORFEITURES 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

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

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

LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASON FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASON FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it if 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 Federal Motor Carrier Safety Regulations.

3. DRIVER AGREEMENT

To Be Read and Signed By Applicant

- It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.
- It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act; Public Law 91-508, I have been told that this investigation may including investigating Consumer Report, including information regarding my character, general reputation, person characteristics, and mode of living.
- I agree to furnish such additional information and complete such examinations as may be required to complete my application file.
- It is agreed and understood that this application for Qualification in no way obligates the motor carrier to employ the applicant.
- It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.
- It is agreed that applicant has the right to review information provided by previous employers, also the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- It is agreed that applicant has the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- Drivers who have previous Department of Transportation regulated employment history investigative information Must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.
- The Driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA (Federal Motor Carrier Safety Administration).

This certifies that this application was completed by me and that all entries on it and information in it is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Remarks (For Office use only)