

EMPLOYMENT HISTORY

Please provide 3 years of previous employment. Applicants to drive a commercial motor vehicle¹ shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle, for a total of 10 years.

(NOTE: List employers in reverse order starting with the most recent, add another sheet as necessary.)

EMPLOYER			DATE (Month/Year)	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs ² while employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
For CDL Drivers Only: Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE (Month/Year)	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs ² while employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
For CDL Drivers Only: Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE (Month/Year)	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs ² while employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
For CDL Drivers Only: Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE (Month/Year)	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	
Were you subject to the FMCSRs ² while employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
For CDL Drivers Only: Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

¹Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

²The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
Name City

Please list your experience, qualifications, special courses or training that will help you as an employee.

Do you have a current Drivers License? YES NO

If Yes,

License #: _____ State: _____ Type: _____ Class: _____ Endorsements: _____

Restrictions: _____ Issue Date: _____ Expiration Date: _____

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 the answer to either question is yes, please give details:

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold & with whom? _____

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	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

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 authorize you to make such investigations and inquires of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, if inquiries regarding medical history are necessary, they 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 (e). I understand that I have the right to :

- Review information provided by 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.

Date _____

Applicant's Signature _____