



Applicant Information

Name			
(First)	(Middle)	(Last)	
Address			How Long at Address
(Street)	(City)	(State & Zip Code)	
Date of Birth	Social Security Number		

Address for the Past Three Years

			How Long at Address	
(Street)	(City)	(State & Zip Code)		
			How Long at Address	
(Street)	(City)	(State & Zip Code)		

(Attach Sheet if Additional Space is Required)

Driver Qualifications

	State	License No.	Type	Expiration Date
Driver License				
Endorsements				

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Date From	Date 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

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

Date Convicted (Month/Year)	Violations	State of Violation Location	Penalty (Forfeited Bond, Collateral and/or Points)

(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 _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

Name of Last Employer _____

Company/Employer Address _____

Company/Employer Phone Number _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

Name of Second to Last Employer _____

Company/Employer Address _____

Company/Employer Phone Number _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

Name of Third to Last Employer _____

Company/Employer Address _____

Company/Employer Phone Number _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

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 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 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 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 on the accuracy of the information.”

DATE

APPLICANT'S SIGNATURE

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 Federal Motor Carrier Safety Regulations.