

BASIC INFORMATION

FIRST NAME _____ MIDDLE NAME _____ LASTNAME _____
 GENDER (M / F / OTHER) _____ DATE OF BIRTH _____ MARITAL STATUS _____
 ADDRESS _____ CITY _____
 STATE _____ ZIPCODE _____ SOCIAL SECURITY NO. _____
 CONTACT NO. _____ E-MAIL ADDRESS _____

LICENCE INFORMATION

STATE _____ LICENSE NO. _____ LICENSE TYPE _____
 LICENSE ISSUE DATE _____ LICENSE EXPIRY DATE _____

DRIVING EXPERIENCE

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS YES/NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY

- A. HAVE YOU EVER BEEN DENIED A LICENCE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
 YES _____ NO _____
 IF YES, EXPLAIN _____
- B. HAS ANY LICENCE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?
 YES _____ NO _____
 IF YES, EXPLAIN _____

EMPLOYMENT RECORD

LAST EMPLOYER: NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIPCODE _____ PHONE NO. _____

POSITION HELD _____ DATE (FROM _____ TO _____)

SALARY _____ REASONS FOR LEAVING _____

ANY GAP IN EMPLOYEMENT AND/OR UNEMPLOYEMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON.

• _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCRS) 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 ALCOHAL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? YES _____ / NO _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIPCODE _____ PHONE NO. _____

POSITION HELD _____ DATE (FROM _____ TO _____)

SALARY _____ REASONS FOR LEAVING _____

ANY GAP IN EMPLOYEMENT AND/OR UNEMPLOYEMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON.

• _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCRS) 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 ALCOHAL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? YES _____ / NO _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIPCODE _____ PHONE NO. _____

POSITION HELD _____ DATE (FROM _____ TO _____)

SALARY _____ REASONS FOR LEAVING _____

ANY GAP IN EMPLOYEMENT AND/OR UNEMPLOYEMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON.

• _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCRS) 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 ALCOHAL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49CFR PART 40? YES _____ / NO _____

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE YOU TO MAKE SURE INVESTIGATIONS AND INQUIRIES TO MY PERSONAL, EMPLOYEMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYEMNT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYEMENT 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 REQUIRES BY 49CFR 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 PROVIDED BY CURRECTED 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.