



# Application For Employment

Current Employer: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

How long have you been there? \_\_\_\_\_ D.O.B \_\_\_\_\_ SS# \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Addresses for prior three years:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
(Attach sheet, if more space is needed)

### Experience and Qualifications - Driver

Driver Licenses	State	License #	Type	Expiration Date

### Driving Experience

Class of Equipment	Type of Equipment	Date From	Date To	Approx # Miles Driven
Straight Truck				
Tractor - Semi Trailer				
Tractor - Two Trailers				
Other				

### Accident record for past three years or more (Attach sheet, if more space is needed)

Dates	Nature of Accident Head-on, Rear end, Upset	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past three 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 or permit 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: The DOT requires that employment for at least three years and commercial driving experience for the last ten years be shown)

Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Hourly rate or salary: \_\_\_\_\_  
 Reason(s) for leaving: \_\_\_\_\_

2nd Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Hourly rate or salary: \_\_\_\_\_  
 Reason(s) for leaving: \_\_\_\_\_

3rd Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Hourly rate or salary: \_\_\_\_\_  
 Reason(s) for leaving: \_\_\_\_\_

**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.

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

\_\_\_\_\_  
 Date

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.