## **APPLICATION FOR EMPLOYMENT**

(STREET) (CITY) (STATE & ZIP CODE) # YEARS  (STREET) (CITY) (STATE & ZIP CODE) # YEARS  (STREET) (CITY) (STATE & ZIP CODE) # YEARS  (ATTACH SHEET IF MORE SPACE IS NEEDED)  LICENSE INFORMATION  Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.  STATE LICENSE NO. TYPE EXPIRATION DATE  NDORSEMENTS:  DRIVING EXPERIENCE  CLASS OF TYPE OF EQUIPMENT (VAN. TANK. FLAT, ETC.) FROM TO MILES (TOTAL)  STRAIGHT TRUCK  TRACTOR AND SEMI-TRAILER  TRACTOR AND SEMI-TRAILER  TRACTOR - TWO TRAILERS  OTHER  ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)  DATES (HEAD-ON, REAR-END, UPSET, ETC.) FATALITIES NUMBER SPILLS  TYPE NO  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION)  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION)  DATE CONVICTED (VIOLATION STATE OF VIOLATION (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	COMPANY				STREET A	DDRE:	SS _							_	
ADDRESS (STREET) (CITY) (STATE & ZIP CODE)  DATE OF BIRTH SOCIAL SECURITY NO. HIRE DATE  FEMAIL ADDRESS FREVIOUS THREE YEARS RESIDENCY  # YEARS FREVIOUS THREE YEARS RESIDENCY  # YEARS  (STREET) (CITY) (STATE & ZIP CODE) # YEARS  (ATTACH SHEET IF MORE SPACE IS NEEDED)  LICENSE INFORMATION  SECTION 383.21 FMCSR states "No person who operates a commercial motior vehicle shall at any time have more than one driver's license.", the information for which is listed below.  STATE LICENSE NO. TYPE EXPIRATION DATE  DATES DRIVING EXPERENCE  CLASS OF TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) FROM TO MILES (TOTAL)  STRAIGHT TRUCK  TRACTOR AND SEMI-TRAILER  TRACTOR - TWO TRAILER  OTHER  ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)  DATES NATURE OF ACCIDENT NUMBER INJURIES NUMBER (CHEMICAL SHEET)  PENALTY  YES NO  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)  DATE CONVICTED (IOLATION) STATE OF VIOLATION (Iofofeited bond, collateral and/or points)  A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO  If yes, explain	CITY, STATE AND ZI	P CODE _												_	
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PREVIOUS THREE YEARS RESIDENCY	DATE OF BIRTH		SOCIA	AL SECUR	IIY NO				HIRE	DATE			—		
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(month/year)  LOCATION (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	TRAFFIC CONVIC	TIONS AN	ID FORFEITI	JRES FOR	THE PAST	T 3 YE	ARS	(OTHER	THAN PARI	KING V	/IOLAT	IONS	3)		
(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							OLAT	ION	PENALTY						
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES NO  If yes, explain	(month/year)	+				LOCATION			(forfeited bond, collateral			l and	l/or	point	s)
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES NO  If yes, explain															
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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES NO  If yes, explain			(ATT	ACH SHEE	I T IF MORE S	PACE	IS NE	EDED)							
If yes, explain	A. Have you ever bee	en denied a	-					•	YES		NO	_			
	If yes, explain		• •	•									_		
= s, s, porting of the post outperform of revenue.	· · · —	ermit or n	rivilege ever h	een susne	ended or rev	oked?			YES	,	NO				
	If yes, explain	51 PI							0			-	_		

## 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 mai	iling address: street num	ber and name, city	, state and zip code.				
LAST EMPLOYER: NAME							
SUPERVISOR NAME:							
ADDRESS		PHONE					
POSITION HELD							
REASONS FOR LEAVING							
SUPERVISOR NAME:							
ANY GAPS IN EMPLOYMENT AND/OR UI	NEMPLOYMENT MUST E	BE EXPLAINED. IN	CLUDE DATES (MONTH/Y	(EAR)			
AND REASON.			,				
Were you subject to the Federal Motor Carrier Sa	afety Regulations (FMCSRs) v	hile employed by the	previous employer?   Yes	☐ No			
Was the previous job position designated as a sa	•	_ •	subject to alcohol and controlle	ed			
substances testing requirements as required by 4		□ No					
SECOND LAST EMPLOYER: NAME							
SUPERVISOR NAME:							
ADDRESS							
POSITION HELD							
REASONS FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UI AND REASON.		BE EXPLAINED. IN	CLUDE DATES (MONTH/Y	′EAR) 			
Were you subject to the Federal Motor Carrier Sa	afety Regulations (FMCSRs) v	hile employed by the	previous employer?   Yes	☐ No			
Was the previous job position designated as a sa substances testing requirements as required by 4		OOT regulated mode,  ☐ No	subject to alcohol and controlle	ed			
THIRD LAST EMPLOYER: NAME							
SUPERVISOR NAME:							
ADDRESS		PHONE					
POSITION HELD	FROM	TO	SALARY				
REASONS FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UI AND REASON.			CLUDE DATES (MONTH/Y	EAR)			
Were you subject to the Federal Motor Carrier Sa			previous employer?   Yes	☐ No			
Was the previous job position designated as a sa substances testing requirements as required by 4		OOT regulated mode,  ☐ No	subject to alcohol and controlle	ed			
то	BE READ AND SIGNED	BY APPLICANT					
I authorize you to make sure investigations ar related matters as may be necessary in arrivin made only if and after a conditional offer of er providers and other persons from all liability i application.	ng at an employment decision mployment has been extend in responding to inquiries a	on. (Generally, inquined.) I hereby release and releasing information	ries regarding medical histor e employers, schools, health ation in connection with my	y will be			
In the event of employment, I understand that fals discharge. I understand, also, that I am required to	to abide by all rules and regula	ations of the Company	y.				
<ul> <li>"I understand that information I provide regarding contacted, for the purpose of investigating my saf have the right to:</li> <li>Review information provided by current/prev</li> </ul>	ety performance history as re-		. , ( )	at I			
<ul> <li>Have errors in the information corrected by p the prospective employer; and</li> </ul>	previous employers and for the	, , ,					
<ul> <li>Have a rebuttal statement attached to the all accuracy of the information."</li> </ul>	leged erroneous information, i	t tne previous employ	er(s) and I cannot agree on the	Э			
DATE		APPLICANT'S	SIGNATURE				
This certifies that I completed this application, and knowledge.	d that all entries on it and infor	mation in it are true a	nd complete to the best of my				
DATE		APPLICANT'S	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.