

APPLICATION FOR EMPLOYMENT

NAME _____
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

TELEPHONE NUMBERS _____

EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED):

DRIVER LICENSES	STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
	STRAIGHT TRUCK				
	TRACTOR AND SEMI-TRAILER				
	TRACTOR-MULTIPLE TRAILERS				
	OTHER				

ACCIDENTS	DATES (LAST THREE YEARS) (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES	LOCATION	DATE	CHARGE	PENALTY

**ADVERSE LICENSING
ACTIONS:**

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N _____
B. Has any license, permit, or privilege to operate a motor vehicle been suspended or

revoked? Y/N Explain below (or attach separate sheet if more space is needed):

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

**NOTE: USDOT requires that you list your employment history for at least the last 3 years and
your Commercial Driving Experience for the Past 10 years:**

LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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.

(Date) _____ (Applicant's signature) _____