

APPLICATION FOR EMPLOYMENT

Company _____ Address _____
Street City State Zip

Name _____
First Middle Last Telephone No.

Address _____ How Long _____
Street City State Zip

Date of Birth _____ Social Security Number _____

Address for Past Three Years _____ How Long _____
Street City State Zip

_____ How Long _____
Street City State Zip

_____ How Long _____
Street City State Zip

(Attach Sheet if More Space is Needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE # OF MILES (TOTAL)
		To	From	
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.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 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, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

The above information is excerpted from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, Office of Motor Carrier's publication "A Motor Carrier's Guide to Improving Highway Safety".