

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

CURRENT/LAST EMPLOYER

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates of Employment _____ To _____ Salary _____
Reason for Leaving _____

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)? Yes No
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40? Yes No

PREVIOUS EMPLOYER

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates of Employment _____ To _____ Salary _____
Reason for Leaving _____

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)? Yes No
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40? Yes No

PREVIOUS EMPLOYER

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates of Employment _____ To _____ Salary _____
Reason for Leaving _____

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)? Yes No
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40? Yes No

PREVIOUS EMPLOYER

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Address _____ City _____ State _____ Zip _____
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Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40? Yes No

PREVIOUS EMPLOYER

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates of Employment _____ To _____ Salary _____
Reason for Leaving _____

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)? Yes No
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40? Yes No

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. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

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".