

The following information must be submitted to be considered for Truck Driving employment

1. The Motor Carrier driver application.
2. A copy of the results of your medical examination report, pursuant to 49 CFR 391.43, the *Medical Examination Report for Commercial Driver Fitness Determination*.
3. A copy of your signed medical examiner's certificate.
4. A copy of the road test and road test certificate or a copy of both sides of your commercial driver's license (CDL).
5. School hours of service certificate, Driver drug & alcohol program, Management training
6. A copy of your State motor vehicle driving record (MVR) for the past 3 years from each State in which you held a driver's license or permit.
7. Must be registered with The Drug and Alcohol clearinghouse

APPLICATION FOR EMPLOYMENT

COMPANY NAME: _____ STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS FOR THE PAST THREE YEARS:

_____ HOW LONG? _____
 (Street) (City) (State & Zip code)

_____ HOW LONG? _____
 (Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
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
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

- 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 A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

Date

Applicant's Signature