

## **APPLICATION FOR EMPLOYMENT**

| NIANE             |                        |   |                   |                 |                         |                    |
|-------------------|------------------------|---|-------------------|-----------------|-------------------------|--------------------|
| NAME(FIRST        | )                      | (MIDDLE)  | (Maiden Name,     | if any)         | (LAST                   |                    |
| ADDRESS           | ,                      | ,   | ,                 | HOV             | N I ONG2                | ,                  |
| (STRI             | EET)                   | (CITY)  | (STATE & ZIP COD  |                 | V LOIVO: _              |                    |
| DATE OF BIRTH:    |                        | _SOCIAL SECURITY NO:  |                   | HIRE            | E DATE:                 |                    |
| TELEDHONE NUMBER  |                        | E-I   | MAII ADDDEC       | c               |                         |                    |
| I ELEPHONE NUMBER | <u> </u>               |   |                   | s               |                         |                    |
|                   |                        | PREVIOUS THREE YEA  | ARS RESIDENCY     |                 |                         |                    |
| STREET)           |                        | (CITY)  | (STATE & ZIP C    | ODE             | # YEAF                  | RS                 |
| STREET)           |                        | (CITT)  | (STATE & ZIF C    | •               | // > / E A E            |                    |
| STREET)           |                        | (CITY)  | (STATE & ZIP C    |                 | # YEAF                  | RS                 |
| ,                 |                        | (0)   | •                 | ,               | # YFAF                  | 2S                 |
| STREET)           |                        | (CITY)  | (STATE & ZIP C    |                 |                         |                    |
|                   | (4                     | ATTACH SHEET IF MORE  | SPACE IS NEEDED)  |                 |                         |                    |
|                   |                        | LICENSE INFO  | RMATION           |                 |                         |                    |
|                   |                        | rson who operates a comm<br>have more than one motor<br>LICENSE NO. |                   |                 | which is list           | ed below.          |
| SIAIE             | STATE LICENSE NO. TYPE |   |                   | EXPIRATION DATE |                         |                    |
|                   |                        |   |                   |                 |                         |                    |
|                   |                        | DRIVING EXPE  | RIENCE            |                 |                         |                    |
| CLASS<br>OF       |                        | TYPE OF<br>EQUIPMENT (VAN   | DATE<br>, FROM    | ES              | APPROX. NO.<br>OF MILES |                    |
| STRAIGHT TRUCK    |                        |   |                   |                 |                         |                    |
| TRACTOR AND SEM   | -TRAII FR              |   |                   |                 |                         |                    |
| TRACTOR - TWO TR  | All FRS                |   |                   |                 |                         |                    |
| OTHER             |                        |   |                   |                 |                         |                    |
|                   | CORD FOR PA            | AST 3 YEARS OR MORE (   | ATTACH SHEET IF M | ORE SPACE       | IS NEEDE                | :D)                |
| DATES             |                        | TURE OF ACCIDENT<br>, REAR-END, UPSET,                              | NUMBE<br>R        | NUME<br>R       | ВЕ                      | CHEMICAL<br>SPILLS |

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

| DATE VIOLATION CONVICTED |  | STATE OF<br>VIOLATION | PENALTY (forfeited bond, collateral and/or |  |  |
|--------------------------|--|-----------------------|--|--|--|
|                          |  |                       |  |  |  |
|                          |  |                       |  |  |  |

YES

YES

YES

NO

NO

NO

|   | (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 |
| lf y  | es, explain  |     |    |
| B. Has any license, permit or privilege ever been suspended or revoked? |  | YES | NO |
| lf y  | es, explain  |     |    |

## **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 mailing address; street number and name, city, state and zip code. LAST EMPLOYER: NAME \_\_\_\_\_ PHONE \_\_\_\_ ADDRESS\_ \_\_\_\_\_\_FROM\_\_\_\_\_TO\_\_\_\_SALARY \_\_\_\_\_ POSITION HELD\_\_\_ REASONS FOR LEAVING \_ ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? SECOND LAST EMPLOYER: NAME \_\_\_\_\_ ADDRESS PHONE \_\_\_\_\_\_FROM\_\_\_\_\_TO\_\_\_\_SALARY \_\_\_\_\_ POSITION HELD REASONS FOR LEAVING \_\_ ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_ Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? THIRD LAST EMPLOYER: NAME \_\_\_ ADDRESS \_\_\_\_\_PHONE \_\_\_\_\_ \_\_\_\_\_FROM\_\_\_\_\_TO\_\_\_\_SALARY \_\_\_\_\_ POSITION HELD\_\_\_\_ REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Nο TO BE READ AND SIGNED BY APPLICANT I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information." DATE APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my

| knowledge.          |   |
|---------------------|---|
| DATE                | APPLICANT'S SIGNATURE   |
| 5=                  | provide information in addition to the information required by the Federal Motor Carrie |
| Safety Regulations. | provide information in addition to the information required by the rederal Motor Came   |