APPLICATION FOR EMPLOYMENT

COMPANY				_STREET	ADD	RESS							
CITY, STATE AND Z	IP CODE _												
NAME(FIRS													
			(MIDDLE)			(Ma	iden Nam	e, if any)	014/1		ST)		
ADDRESS(ST	REET)		(CITY)		((STATE	& ZIP CC	DDE)	OVV L	UNG	· · · · · · · · · · · · · · · · · · ·		
DATE OF BIRTH													
TELEPHONE NUMBI	ER			Е	-MAII	L ADD	RESS						
				HREE YEA									
										# YE	ARS		
(STREET)		(CITY)			(ST	ATE & ZIP	CODE)					
(STREET)		(CITY)			(ST	ATE & ZIP	CODE)		# YE	ARS		
		(5111	,					,		# YE	ARS		
(STREET) (CITY)			•) (STATE & ZIP CODE)									
		(ATTAC		IF MORE			NEEDED)					
Section 383.21 FMCS driver's license". I ce			ho operate		ercial	motor							
STATE		LIC	CENSE NO).			TYPE			EXPI	IRATION	DATE	
			DRIV	ING EXPE	RIEN	ICE							
CLASS OF EQUIPMENT		TYPE (VAN, 1					APPROX. NO. 0 TO MILES (TOTA						
STRAIGHT TRUCK													
TRACTOR AND SEM	1I-TRAILE	R											
TRACTOR - TWO TR	RAILERS												
OTHER													
ACCIDENT F	RECORD	FOR PAST 3	YEARS C	OR MORE	(ATT	ACH S	HEET IF	MORE SPA	CE IS	NE	EDED)		
DATES NATURE (HEAD-ON, REA		NATURE (D-ON, REAF		.)	_	MBER NUM ALITIES INJUR				CHEMICAL SPILLS			
											YES	NO	
											YES	NO	
											YES	NO	
TRAFFIC CONVIC	TIONS A	ND FORFEIT	URES FO	R THE PA	ST 3	YEAR	S (OTHE	R THAN PA	RKIN	G VI	OLATION	1 S)	
DATE CONVICTED (month/year)		VIOLATION	N	STATE L	OF V		TON	(forfeited b		ENAL		or point	s)
		(ATT	ACH SHEE	T IF MORE	SPAC	E IS NI	EEDED)						
A. Have you ever be	en denied	a license, pe	ermit or priv	vilege to op	erate	a mot	or vehicle	? YES _		NO			
If yes, explain													
B. Has any license, p	permit or p	rivilege ever	been susp	ended or re	evoke	ed?		YES _		NO			
If yes, explain													

54

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 mailin	g address: street numb							
LAST EMPLOYER: NAME								
ADDRESS								
POSITION HELD	FROM	TO	SALARY					
REASONS FOR LEAVING								
ANY GAPS IN EMPLOYMENT AND/OR UNE AND REASON.			NCLUDE DATES (MO	NTH/YEAR)				
Were you subject to the Federal Motor Carrier Safe	ty Regulations (FMCSRs)	while employed by t	he previous employer? Y	es No				
Was the previous job position designated as a safe substances testing requirements as required by 49		DOT regulated mod		controlled ⁄es No				
SECOND LAST EMPLOYER: NAME								
ADDRESS	PHONE							
POSITION HELD	FROM	TO	SALARY					
REASONS FOR LEAVING								
ANY GAPS IN EMPLOYMENT AND/OR UNE AND REASON.	MPLOYMENT MUST E	BE EXPLAINED. I	NCLUDE DATES (MO	NTH/YEAR)				
Were you subject to the Federal Motor Carrier Safe	ty Regulations (FMCSRs)	while employed by t	he previous employer? Y	es No				
Was the previous job position designated as a safe substances testing requirements as required by 49		DOT regulated mod		controlled Yes No				
THIRD LAST EMPLOYER: NAME								
ADDRESS	PHONE							
POSITION HELD	FROM	TO	SALARY					
REASONS FOR LEAVING								
ANY GAPS IN EMPLOYMENT AND/OR UNE AND REASON.			NCLUDE DATES (MO	NTH/YEAR)				
Were you subject to the Federal Motor Carrier Safe	ty Regulations (FMCSRs)	while employed by t	he previous employer? Y	es No				
Was the previous job position designated as a safe substances testing requirements as required by 49		DOT regulated mod		controlled ⁄es No				
то ве	READ AND SIGNED E	BY APPLICANT						
I authorize you to make sure investigations and related matters as may be necessary in arriving be made only if and after a conditional offer of ε care providers and other persons from all liabili application.	at an employment decis employment has been ex	ion. (Generally, inc tended.) I hereby r	quiries regarding medic elease employers, scho	al history will ols, health				
In the event of employment, I understand that false discharge. I understand, also, that I am required to				sult in				
"I understand that information I provide regarding contacted, for the purpose of investigating my safet have the right to:	ty performance history as r							
 Review information provided by current/previo Have errors in the information corrected by pre to the prospective employer; and 	evious employers and for the		•					
 Have a rebuttal statement attached to the allegaccuracy of the information." 	ged erroneous information,	, ii the previous emp	ioyer(s) and I cannot agre	ee on the				
DATE		APPLICANT'S	SIGNATURE					
This certifies that I completed this application, and t knowledge.	hat all entries on it and info	ormation in it are true	e and complete to the bes	t of my				

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

DATE

APPLICANT'S SIGNATURE