



DATE OF BIRTH: / / **SOCIAL SECURITY NO.**

ADDRESS: _____ # YEARS _____

ADDRESS: _____ # YEARS _____

ADDRESS: _____ # YEARS _____

☐ Yes ☐ No

EMPLOYMENT RECORD

NOTE: Applicants that desire to drive in interstate commerce must provide the following information on all employers during the previous **3 years**.

You must give the same information for all employers you have driven a commercial motor vehicle for the **7 years** prior to the initial 3 years
(total of 10 years employment record).

LAST EMPLOYER: NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES 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? ☐ Yes ☐ No

SECOND LAST EMPLOYER: NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES 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? ☐ Yes ☐ No

THIRD LAST EMPLOYER: NAME: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASONS FOR LEAVING: _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES 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? ☐ 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.

Date

Applicant's Signature

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