

APPLICATION FOR EMPLOYMENT

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(First)		(Middle)					
(Street)		(City)	(State & Z			AS:	
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(VAN, IANK,		TANK, FLAT, E	FLAT, ETC.) FROM		ТО	(TOTAL)	
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NATURE OF ACCIDENT (HEAD-ON,		ON,	INJURIES		FATALITIES		
TRAFFIC (OR PAST	3 YEARS		
DATES CONVICTED STATE OF		CHAR	CHARGE/VIOLATION		PENALTY		
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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 UNE	EMPLOYMENT MUST	BE EXPLAINED. INCLU	JDE DATES AND REASON	:	
Were you subject to the Federal Motor Carrier Sa	fety Regulations (FMC	SRs) while employed by the	e previous employer?	☐ Yes	Nc
Was the previous job position designated as a saf	ety sensitive function ir	any DOT regulated mode,	subject to alcohol and contro		_
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 UNE	EMPLOYMENT MUST	BE EXPLAINED. INCLU	JDE DATES AND REASON	:	
Were you subject to the Federal Motor Carrier Sa	fety Regulations (FMC	SRs) while employed by the	e previous employer?	☐ Yes	_ Nc
Was the previous job position designated as a saf	ety sensitive function ir	any DOT regulated mode,	subject to alcohol and contro		esting
requirements as required by 49 CFR Part 40?				☐ Yes	□No
THIRD LAST EMPLOYER: ADDRESS:	NAME:				
POSITION HELD:	FROM:	TO:	SALARY:		
REASONS FOR LEAVING:					
ANY GAPS IN EMPLOYMENT AND/OR UNE	EMPLOYMENT MUST	BE EXPLAINED. INCLU	JDE DATES AND REASON	:	
Were you subject to the Federal Motor Carrier Sa	fety Regulations (FMC	SRs) while employed by the	e previous employer?	☐ Yes	Nc
Was the previous job position designated as a saf	ety sensitive function ir	any DOT regulated mode,	subject to alcohol and contro		_
requirements as required by 49 CFR Part 40?				☐ Yes	■No
T	O DE DEAD AND	CICNED DV ADDI	ICANT		
This certifies that this application was completed		SIGNED BY APPL			
to the best of my knowledge.	by me, and that all thu	ics on it and information in	n are a de and complete		
Date	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.