
Driver's Signature **Date**

Applicant's Name: _____

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS LISTING ALL EMPLOYERS

Begin with your present job or most recent job & work backwards. Keep dates in order.

Current or Most Recent Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Second from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Third from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Forth from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Firth from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

Sixth from Current Employer: _____ **Supervisor's Name:** _____

Were you subject to Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
Were you subject to DOT regulated drug & alcohol testing? ☐ Yes ☐ No

Address: _____ Telephone (_____) _____ Date From _____ to _____

Position Held: _____ Reason For Leaving? _____ # of Accidents: _____ # of States driven in: _____

**10-year history must be COMPLETE, if unemployed for any period of time - state unemployed.
Phone Numbers MUST be listed for Application to be processed.**

Copy if more room is needed.

LICENSE**List All Drivers license/permits held in the past 3 years**

State	License Number	Type	Expiration Date

Check Endorsements that you have: ☐ Combinations ☐ Hazardous Materials ☐ Air Brakes ☐ Tanks
 Indicate ALL Restrictions on your CDL: _____

TRAFFIC CONVICTIONS/FORFEITURES**List all vehicle moving traffic convictions and forfeitures for the past 3 years (If none write none)**

Date	Location (ST)	Charge	Penalty

ACCIDENT RECORD

List all accidents/incidents with vehicles for the past 3 years, include all preventable and non-preventable whether or not on MVR
 (IF NONE WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head on, rear end, etc.)	Preventable	Fatalities	Injuries	Amount of Damage
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	
			Yes No	Yes No	Yes No	

NATURE AND EXTENT OF EXPERIENCE

TYPE	Trailer Length	Years of Experience	Approximate Number Of Miles	States Operated in
Tractor w/ Flatbed				
Tractor w/ Van				
Tractor w/ Reefer				
Tractor with Tank				
Straight Truck				
Dump Truck				
Other (Specify)				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No
 B. Have you ever had any license, permit or privilege suspended or revoked? ☐ Yes ☐ No
 C. Have you ever been convicted for driving while under the influence of alcohol or drugs? ☐ Yes ☐ No
 D. Have you ever been convicted for possession, sale, or use of a narcotic drug? ☐ Yes ☐ No
 E. Have you ever been refused liability insurance? ☐ Yes ☐ No
 F. Have you ever been convicted of a felony? ☐ Yes ☐ No
 G. Have you ever been convicted of a Misdemeanor? ☐ Yes ☐ No
 H. Have you ever been disqualified to drive by Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No
 I. If "Yes" is marked on any of the above, give date & details: ☐ Yes ☐ No

- J. In the two years prior to the date of this application, (for DOT-controlled substance & alcohol regulated testing):
 1. Have you ever had an alcohol test with a result of 0.04 or higher? ☐ Yes ☐ No
 2. Have you ever had a verified positive drug test? ☐ Yes ☐ No
 3. Have you ever refused to be tested? ☐ Yes ☐ No
 4. Have you ever violated any DOT drug and alcohol testing regulations? ☐ Yes ☐ No
 5. If "Yes" was answered to any of the above items, did you complete the return-to-duty process? ☐ Yes ☐ No