

DRIVERS LICENSE INFORMATION

Do you have a CDL License? _____ Provide a copy of your License AND Medical Card

	State	License #	License Type	Expiration Date
License #1				
License #2				

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, etc.)	From	To	Approx. # of miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor- Two Trailers				
Other				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Date of Accident	Nature of Accident (head on, rear end, etc)	Injuries	Fatalities

TRAFFIC VIOLATIONS AND FORFEITURES FOR THE LAST THREE YEARS
(other than parking violations)

Date Convicted (month/year)	State Violation Occurred	Charges/Violation	Penalty (consequence of violation)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

If yes explain: _____

Has any license, permit or privilege been revoked? _____ If yes explain: _____

Are you a Veteran of the U.S armed forces? _____ If so did you serve on "active duty" during a war, campaign, expedition, or for which a campaign badge has been authorized? _____

Were you discharged from the Armed Forces due to a service-connected disability? _____

Have you received service medals for your service in the military? _____

When were you discharged from military duty (date)? _____

Are you disabled? _____

Are you a citizen of the United States? _____ If no are you authorized to work in the U.S? _____

Employment History
(Most recent first)

Information in this section may be used, and the applicant's previous employers will be contacted for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of FMCSA §391.23. The applicant has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Follow These Instructions EXACTLY

List the names, addresses and phone numbers of employers during the last 3 years, including dates of employment and the reason for leaving. If you will operate a commercial motor vehicle that has a GVR of 26,001 pounds or more, you must also list employment for which you operated a commercial motor vehicle during the 7 years preceding the 3 years mentioned above. Add an additional sheet if necessary.

Name of employer: _____

Address & Phone #: _____
(Street) (City/State) (Zip)

Position held: _____ **From:** _____ **To:** _____

Reason for leaving: _____

Subject to Federal Motor Carrier Safety Regulations? YES NO

Safety-Sensitive Position subject to Drug and Alcohol Testing? YES NO

Name of employer: _____

Address & Phone #: _____
(Street) (City/State) (Zip)

Position held: _____ **From:** _____ **To:** _____

Reason for leaving: _____

Subject to Federal Motor Carrier Safety Regulations? YES NO

Safety-Sensitive Position subject to Drug and Alcohol Testing? YES NO

Name of employer: _____

Address & Phone #: _____
(Street) (City/State) (Zip)

Position held: _____ From: _____ To: _____

Reason for leaving: _____

Subject to Federal Motor Carrier Safety Regulations? YES NO

Safety-Sensitive Position subject to Drug and Alcohol Testing? YES NO

Name of employer: _____

Address & Phone #: _____
(Street) (City/State) (Zip)

Position held: _____ From: _____ To: _____

Reason for leaving: _____

Subject to Federal Motor Carrier Safety Regulations? YES NO

Safety-Sensitive Position subject to Drug and Alcohol Testing? YES NO

Name of employer: _____

Address & Phone #: _____
(Street) (City/State) (Zip)

Position held: _____ From: _____ To: _____

Reason for leaving: _____

Subject to Federal Motor Carrier Safety Regulations? YES NO

Safety-Sensitive Position subject to Drug and Alcohol Testing? YES NO

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.

Applicant Signature

Date