

TRAFFIC CONVICTIONS and FORFEITURES for the PAST 3 YEARS (other than parking tickets)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? yes no

B. Has any license, permit or privilege ever been suspended or revoked? yes no

(If the answer to either A or B is YES, attach a statement giving details)

EMPLOYMENT RECORD

NOTE:

DOT requires that Employment for at least 3 years and/or Commerical Driving Experience for the Past 10 years be shown.

Last Employer:

Name		Phone #	
Address			
Position Held	From	To	Salary
Reasons for Leaving			

Second Last Employer:

Name		Phone #	
Address			
Position Held	From	To	Salary
Reasons for Leaving			

Third Last Employer:

Name		Phone #	
Address			
Position Held	From	To	Salary
Reasons for Leaving			

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 the information required by the Federal Motor Carrier Safety Regulations

DRIVER's APPLICATION for EMPLOYMENT (con't)

Name _____	Pay Expected _____
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: () Full Time () Part Time () Temporary () Shift Work

Will you work overtime if asked? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

yes, please explain _____

E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				() Yes () No	
	College				() Yes () No	
	Business/Trade Technical				() Yes () No	
	High School				() Yes () No	
	Elementary				() Yes () No	

S S P E C I A L I Z E D	Check Skills / Equipment Operated		
	Production / Mobile Machinery (list):	Other (list):	
	specialized		Computer () Fax ()
			Postage Meter () Ten Key ()
			Microsoft Excel () Microsoft Word ()

State any additional information you feel may be helpful to us in considering your application.

Summarize special job-related skills acquired from employment or received in the United States military.

REFERENCES

1	_____	()
	Name	Phone #
	Address	

2	_____	()
	Name	Phone #
	Address	

3	_____	()
	Name	Phone #
	Address	

4	_____	()
	Name	Phone #
	Address	

5	_____	()
	Name	Phone #
	Address	
