

# Application for Employment

Instructions: Read Carefully, Print Legibly, Answer Each Question Completely

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Previous address if current address is less than 3 years:

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

(Attach Sheet if More Space is Needed)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Experience and Qualifications

Driver Licenses Held (Past 3 Years)	License Number	Type	State	Expiration Date

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
____ Straight Truck				
____ Tractor/Semi-Trailer				
____ Tractor/Two Trailers				
____ Other _____				

A. Have you ever been denied a license, permit or privilege to operate a motor Vehicle? r Yes r No

B. Has any license, permit or privilege ever been suspended or revoked? r Yes r No

>> If the answer to either 'A' or 'B' is 'Yes, Attach a statement giving the details <<

Traffic Convictions/Forfeitures for the past 3 years (other than parking violations)

Date	Location	Charge	Penalty

Accident record for the past 3 years or more (attach additional sheet if needed)

Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Injuries	Fatalities

### Employment History

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. These previous employers may be contacted as part of the employment process.

Employer Information		Employment Record	
Name:		From Mo.      Yr.	To Mo.      Yr.
Address:		Position Held	
City, State, Zip:		Salary/Wage	
Phone number:	Supervisor:	Reason for leaving	

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Attach Additional Sheet(s) as needed

### >> 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

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_