DRIVER'S APPLICATION FOR EMPLOYMENT

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) 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; (iii) 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.

Driver Applicant Driver Applicant Printed Name Signature Date Company Name Street Address City, State, Zip Name ____ Phone () Current Address Street City State Zip If at the above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary. Previous Address Street City State Zip **Previous Address** Street City State Zip Date of Birth* / * Drivers only to Social Security No. complete Date of Birth In Case Of Emergency Notify: Name Phone Contact's Address Street City State Zip Position Applying for: Rate of pay expected? Temporary ☐ Part Time ☐ Full time ☐ Who referred you? Dates: / / - / / Have you worked for this company before? Yes ☐ No ☐ Where? _____ Rate of Pay? Position Reason for leaving? Have you ever worked for this company under another name? Yes
No (If job requirement) Have you ever been Name of bonding company bonded? Yes \(\backslash No \(\backslash \) List names of relatives working for this company: Are you currently employed? Yes \(\subseteq \text{No} \subseteq \) If not, how long since leaving last employment? **EDUCATION** Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Last school attended Name Address List special courses or training that will help you as a driver

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EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years. Effective July 1, 1987, they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11). Account for any gaps in employment between employers.

Last Employer:							
Name 	me Phone ()						
Address							
Street	City	State Zip					
Position Held		Dates:/ // /					
Type Equip. Driven		Were you regulated by FMCSA during this job? Yes ☐ No ☐					
Areas Driven In	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes ☐ No ☐						
Reasons for Leaving							
Second Last Employer:							
Name		Phone ()					
Address							
Street	City	State Zip					
Position Held		Dates: / / / /					
Type Equip. Driven		Were you regulated by FMCSA during this job? Yes ☐ No ☐					
Areas Driven In	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes □ No □						
Reasons for Leaving							
Third Last Employer:							
Name		Phone ()					
Address							
Street	City	State Zip					
Position Held		Dates:/ // /					
Type Equip. Driven		Were you regulated by FMCSA during this job? Yes ☐ No ☐					
Areas Driven In	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes □ No □						
Reasons for Leaving							
Fourth Last Employer:							
Name		Phone ()					
Address							
Street	City	State Zip					
Position Held		Dates:/ // /					
Type Equip. Driven		Were you regulated by FMCSA during this job? Yes ☐ No ☐					
Areas Driven In	Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes ☐ No ☐						
Reasons for Leaving							

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DRIVER EXPERIENCE & QUALIFICATION

LICENSES State	List all licenses held License Numbe		Type/Endo	rsements	Expiration Date
Have you Has any li Have you	cense, permit or privil ever been disqualified	n one valid license? cense, permit or privileg ege ever been suspende I for violations of the Fed pove questions, please o	ed or revoked? deral Motor Carr		Yes
EXPERIEN Class o	NCE f Equipment	Type (Van, Tank, Etc.)	From	Dates	То
List safe dr	operated in during las iving awards held & w Review for past 3 yea City, State	ho presented by	# Injuries	Nature	
Motor Vehic Loc	le Laws & Ordinanc ation	es for the past 3 years of Date	other than parkii		Penalty
ourposes of inv	nat the information in thi	I sign before submitting s application will be used erformance history informal that all entries on it and in	and that prior em	ployers will be con by 391.23 (d)&(e).	This certifies that this
OFFICE USE ON		Employme Date:	ent Denial		aff Initials: