

Employment History

All driver applicants to drive in commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle (*includes vehicles having a GVWR of 2 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity in requiring placard in intrastate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheet if necessary.)

EMPLOYER			DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
EMPLOYER			DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

Traffic convictions, forfeitures, or accidents for the past 3 years.
(attach sheet if additional space is needed.)

DATES	INCIDENT	CHARGE	INJURIES/FATALITIES

Experience and Qualifications—Driver

Drivers Licenses

STATE	LICENSE #	TYPE	EXPIRATION DATE

- 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

Driving Experience

Class of Equipment	Type of Equip- ment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Tractor-two trailers				
Motor-coach-school bus				
Other:				

Training, Experience, Qualifications and/or Award

Show any trucking transportation or other experience or qualifications that may help you in your work for this company:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

Date

Applicant's Signature