



## APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

Phone: \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Maiden, if any) (Last)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

TELEPHONE NUMBERS \_\_\_\_\_

### EACH ADDRESS FOR THE LAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED):

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

### EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED):

| DRIVER<br>LICENSES | STATE | LICENSE NUMBER | CLASS | ENDORSEMENTS | EXPIRATION DATE |
|--------------------|-------|----------------|-------|--------------|-----------------|
|                    |       |                |       |              |                 |
|                    |       |                |       |              |                 |
|                    |       |                |       |              |                 |

| DRIVING | CLASS OF EQUIPMENT        | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC) | DATES |    | APPROXIMATE NUMBER<br>OF MILES (TOTAL) |
|---------|---------------------------|---------------------------------------------|-------|----|----------------------------------------|
|         |                           |                                             | FROM  | TO |                                        |
|         | STRAIGHT TRUCK            |                                             |       |    |                                        |
|         | TRACTOR AND SEMI-TRAILER  |                                             |       |    |                                        |
|         | TRACTOR-MULTIPLE TRAILERS |                                             |       |    |                                        |
|         | OTHER                     |                                             |       |    |                                        |

| ACCIDENTS | DATES (LAST THREE YEARS)<br>(LIST MOST RECENT FIRST) | NATURE OF ACCIDENT<br>(HEAD-ON, REAR END, UPSET, ETC) | FATALITIES | INJURIES |
|-----------|------------------------------------------------------|-------------------------------------------------------|------------|----------|
|           |                                                      |                                                       |            |          |
|           |                                                      |                                                       |            |          |
|           |                                                      |                                                       |            |          |

| TRAFFIC<br>CONVICTIONS<br>AND<br>FORFEITURES | LOCATION | DATE | CHARGE | PENALTY |
|----------------------------------------------|----------|------|--------|---------|
|                                              |          |      |        |         |
|                                              |          |      |        |         |
|                                              |          |      |        |         |
|                                              |          |      |        |         |

**Note:** This form is provided as a suggested format for a commercial motor vehicle driver's application for employment. A motor carrier may use any format for an application for employment which complies with 391.21.



Application for Employment (Reverse side, or page 2)

**ADVERSE LICENSING ACTIONS:**

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N \_\_\_\_  
B. Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked? Y/N \_\_\_\_

Explain below(or attach separate sheet if more space is needed):

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**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):**

**NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:**

LAST EMPLOYER

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SALARY \$ \_\_\_\_\_ per \_\_\_\_\_

SUBJECT TO FMCSRs? \_\_\_\_\_ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SECOND LAST EMPLOYER

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SALARY \$ \_\_\_\_\_ per \_\_\_\_\_

SUBJECT TO FMCSRs? \_\_\_\_\_ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

THIRD LAST EMPLOYER

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SALARY \$ \_\_\_\_\_ per \_\_\_\_\_

SUBJECT TO FMCSRs? \_\_\_\_\_ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE  
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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)