

TO THE APPLICANT: Consideration for employment/association may well be determined by the proper completion of this application inasmuch as the position for which you are applying will require you to follow written instructions and to complete various forms.

Name (please print) _____
(LAST) (FIRST) (MIDDLE)

Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE) (HOW LONG?)

If at above address less than five years, give addresses for the past five years.

(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE) (HOW LONG?)

(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE) (HOW LONG?)

Telephone Number _____ Social Security Number _____ Date of Birth _____

In Case of Emergency Notify: _____
(NAME) (ADDRESS) (PHONE)

Have you worked for or leased to this company before? Yes , No If yes, where _____

Dates: From _____ To _____ Position _____ Reason for Leaving _____

PAST EMPLOYMENT & LEASE HISTORY (10 YEARS)
(Use Form D-11 for additional employment / lease information)

Last employer / lessee name _____ Telephone No. _____

Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Position held _____ From _____ To _____ Salary \$ _____
(MO.) (YR.) (MO.) (YR.)

Reason for leaving _____

Second last employer / lessee name _____ Telephone No. _____

Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Position held _____ From _____ To _____ Salary \$ _____
(MO.) (YR.) (MO.) (YR.)

Reason for leaving _____

Third last employer / lessee name _____ Telephone No. _____

Address _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

Position held _____ From _____ To _____ Salary \$ _____
(MO.) (YR.) (MO.) (YR.)

Reason for leaving _____

Fourth last employer / lessee name _____ Telephone No. _____

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Position held _____ From _____ To _____ Salary \$ _____
(MO.) (YR.) (MO.) (YR.)

Reason for Leaving _____

Fifth last employer / lessee name _____ Telephone No. _____

Address _____
(STREET) (CITY) (STATE) (ZIP CODE)

Position held _____ From _____ To _____ Salary \$ _____
(MO.) (YR.) (MO.) (YR.)

Reason for Leaving _____

EDUCATION

Circle highest Grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

List All Licenses held during Previous 3 years

STATE	CDL LICENSE NO.	ENDORSEMENTS	EXP. DATE	ADDRESS WHERE LICENSE IS RECEIVED

Has License ever been Revoked or Suspended? _____ When? _____ Why? _____

Have you ever been convicted of a crime? _____

Have you ever been licensed under another name? _____ How recently? _____

Driving Experience	TYPE OF EQUIPMENT	YEARS EXPERIENCE	FROM	DATES	TO	APPROXIMATE NUMBER OF MILES
	STRAIGHT TRUCK					
	TRACTOR AND SEMI-TRAILER					
	TRACTOR AND FULL TRAILER					
	OTHER					

Have you been driving regularly for last three years? _____ In what States regularly? _____

TRAFFIC VIOLATIONS
(Include Commercial & Private Vehicle)

COMMERCIAL OR PRIVATE VEHICLE	CHARGE	LOCATION	DATE	NAME OF COURT	PENALTY

ALL ACCIDENTS or INCIDENTS (Past 3 Years)
(Include Commercial & Private Vehicle, Regardless of Fault)

	DATE	BRIEF DESCRIPTION	FATALITIES	INJURIES	# OF VEHICLES TOWED
Last Accident					
Second From Last					
Third From Last					

Applicant must provide copy of Accident Report with Application.

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

Employment/Association Agreement : I hereby apply for employment/lease and state that:

- * The foregoing information was furnished by me for the purpose of securing employment or lease and it is true and correct to best of my knowledge and belief.
- * I understand and agree that furnishing of same shall not obligate the prospective employer to employ/lease me.
- * If employment/lease is secured, I understand and agree that the first 90 days of such employment /association shall be on a temporary or probationary basis, during which period the employer/lessee may terminate my employment/lease without any recourse on my part and if it is proven that I have falsified any information set forth in this application, I shall be subject to immediate discharge/cancellation of lease or disqualification at any time, notwithstanding the expiration of the aforesaid 90 day probationary period or the expiration of any probationary period set forth in any collective bargaining covering the undersigned.
- * I am applying to operate a commercial motor vehicle as defined by Part 383 of the Federal Motor Carrier Safety Regulations and have supplied a list of the names and addresses of my employers/lessees during the 10 year period preceding the 3 years required by 391.21b10 for which I was the operator of a commercial motor vehicle together with dates of employment/lease history and the reasons for leaving such employment/lease cancellation.
- * I understand the information in this application will be used and that prior employers/lessees will be contacted for purpose of investigation as required by 391.23 of the Motor Carrier Safety Regulations.
- * It is also agreed and understood that under the Fair Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report.
- * I agree to take a physical examination at my expense, by a Company chosen physician, and also to demonstrate my ability through trial or student trips or other means, during probationary period.
- * Failure to disclose all traffic citation or accident information will be cause for disqualification.

Signature of Applicant _____

Date _____