



## Employment History

Please provide information on past employers during the **preceding 10 years**, beginning with the most recent.  
If you need more room, you may attach another sheet of paper.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street City Zip Code (Date) (Date)

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May we contact:  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of equipment operated for this Employer, if applicable: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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## EXPERIENCE AND QUALIFICATIONS – DRIVERS

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**List Traffic Convictions and Forfeitures for the past five (5) years (Other than Parking Violations)**  
**If you have not had any convictions in the past five years than write, NONE, in the space provided.**

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 Has any license, permit or privilege ever been suspended or revoked:  Yes  No

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

## ACCIDENT RECORD FOR THE PAST FIVE (5) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

If you need more room, you may attach another sheet of paper.

## REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	Phone #	How Acquainted	Years Acquainted

## GENERAL INFORMATION

- Are you currently on layoff status and subject to recall by your current employer?  Yes  No  
 If you are hired, do you intend to make this job your primary employment?  Yes  No  
 Do you intend to work at any other jobs in addition to the one you are applying for?  Yes  No

## TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

