

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___

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

NOTE: The D.O.T. requires that commercial driving experience for the past ten years be shown.

Please list the name(s) of each previous employer over the previous ten years where the job you performed was subject to the Federal Motor Carrier Safety Regulations and/or U.S. D.O.T. alcohol and controlled substance testing requirements. (49 CFR 391.21 (b)(10)).

CURRENT/LAST EMPLOYER_____

ADDRESS_____

POSITION HELD_____FROM_____TO_____SALARY_____

REASON FOR LEAVING_____

NEXT PREVIOUS EMPLOYER_____

ADDRESS_____

POSITION HELD_____FROM_____TO_____SALARY_____

REASON FOR LEAVING_____

NEXT PREVIOUS EMPLOYER_____

ADDRESS_____

POSITION HELD_____FROM_____TO_____SALARY_____

REASON FOR LEAVING_____

TO BE READ AND SIGNED BY APPLICANT

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. The information supplied in the driver application may be used and previous employers contacted to investigate the applicant's safety and performance history. The applicant has the right to review information provided by the previous employer and resent to the prospective employer, the right to have a rebuttal statement attached to any information that the previous employer and the driver cannot agree to. (49 CFR 391.21 (d)).

Application Date

Applicant's Signature

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.