



Today's Date: _____ Position Applying for; _____ Owner Op

I have: Class A Class B Chauffer's Operators I do not have a driver's license

Name: _____ Phone: _____

Current Address: _____ How Long? _____
Total 5 years Street City, State Zip

Previous Address: _____ How Long? _____
 Street City, State Zip

Previous Address: _____ How Long? _____
 Street City, State Zip

Education: GED/High School Diploma College (Some or Graduate) Degree _____

Are you legally authorized to work in the United States on a full-time basis, and can you provide proof? Yes No

Are you 21 years of age or older? Yes No Are you 18 years of age or older? Yes No

(CMV) List States operated in the last 5 years: _____

In the past 36 months, while driving a personal or commercial vehicle, have you received for a DUI (Driving Under the Influence),
 DWI (Driving While Intoxicated), or other similar charges? Yes (if yes mo/yr _____) No

In the past 10 years, while driving a personal or commercial vehicle, have you received for a DUI (Driving under the Influence), DWI
 (Driving While Intoxicated), or other similar charges? Yes (if yes mo/yr _____) No

In the past 3 years have you been convicted of a motor vehicle violation (other than parking)? Yes (list below) No
 Has your license ever been denied, revoked, or suspended? Yes (list below) No

City/State	Mo/Yr	Charge	Penalty/Reason

In the past 3 years have you been involved in an accident or collision (regardless of fault)? Yes (list below) No

Date	City/State	Nature (head-on, rear-end, upset, etc)	Fatalities	Injuries	Hazardous Material spill

Class	Type of equipment (circle)	From (mo/yr)	To (mo/yr)	Approximate miles
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
Tractor/Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
LCV Doubles / Triples <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Refer			
Motor Coach/School Bus – More than 8 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motor Coach/School Bus – More than 15 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No				

I understand that the information I provide regarding current and/or previous employers may be used, and to those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 39.23(d) & (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____ Date: _____

Provide 10 years of work history. If you do not have 10 years of work history, please provide all available and indicate "no more work history".

Name of Employer	
Address	
City/State/Zip	
Dates of employment (From)	(To)
Contact Person:	Phone:
Title/Job/Duties:	
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Chauffer's	Salary/Wage:
Where you subject to FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving	<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Layoff
<input type="checkbox"/> Other (Explain):	

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Dates of employment (From)	(To)
Contact Person:	Phone:
Title/Job/Duties:	
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Chauffer's	Salary/Wage:
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Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving	<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Layoff
<input type="checkbox"/> Other (Explain):	

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Reason for leaving	<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Layoff
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<input type="checkbox"/> Other (Explain):	

This certified that this application was completed by me, and that all entries on I and information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____