

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record.)

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?
YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. In understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- * Review information provided by current/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.

Date Applicant's Signature
This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

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.

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MO/YR) & REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO