



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE			EMAIL		
DATE OF BIRTH			SOCIAL SECURITY #		
DATE OF APPLICATION		POSITION APPLIED FOR			DATE AVAILABLE FOR WORK

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

	STREET	CITY	STATE	IP CODE	#OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

EMPLOYMENT HISTORY

CURRENT (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD	FROM	TO	
	MO/YR	MO/YR	
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			

SECOND (MOST RECENT) EMPLOYER			
NAME		PHONE	
ADDRESS			
POSITION HELD	FROM MO/YR	TO MO/YR	
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			0 YES 0 NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			0 YES 0 NO

THIRD (MOST RECENT) EMPLOYER			
NAME		PHONE	
ADDRESS			
POSITION HELD	FROM MO/YR	TO MO/YR	
REASON FOR LEAVING			SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			0 YES 0 NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			0 YES 0 NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<i>D</i>	<i>D</i>	
College				<i>D</i>	<i>D</i>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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. I also understand that I am required to abide by all rules and regulations of the Company.

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

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			