

**APPLICATION FOR EMPLOYMENT**

COMPANY NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**ADDRESS FOR THE PAST THREE YEARS:**

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip code)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip code)

**(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)**

**DRIVER EXPERIENCE AND QUALIFICATIONS**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATIONS	DATE	CHARGE	PENALTY

**(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)**

- 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 A STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD**

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

**Must list the complete mailing address: street number and name, city, state and zip code**

**LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**SECOND LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**THIRD LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**