APPLICATION FOR EMPLOYMENT

| COMPANY | | | | _ STREET | ADE | RESS | | | | | | | , | |
|--|----------------------|-------------------------------|------------------|--------------------|-------|-----------------------|--------------------|-------------------------|--------------------------|-----------------|------------------------|-------|---------------|--|
| CITY, STATE AND ZIF | CODE | | | | | | | | | | | | _ | |
| NAME(FIRST | | | | | | | | | | | | | _ | |
| | | | (MIDDLE) | | | (Maiden Name, if any) | | | | | | | | |
| ADDRESS(STR | EET) | | (CITY) | | | (STATE | E & ZIP C | ODE) | HOW LONG? | | | | | |
| DATE OF BIRTH | | | | | | | | | | | | | | |
| TELEPHONE NUMBE | R | | | Е | -MAI | L ADD | RESS | | | | | | | |
| | | | | HREE YEA | | RESID | ENCY | | | | | | | |
| (STREET) # YEARS | | | | | | | | | | | | | | |
| (STREET) (CIT | | | 0 | | | (STATE & ZIP CODE) | | | | # YEARS | | | | |
| (STREET) | ET) (CIT | | | 7) | | | (STATE & ZIP CODE) | | | | # TEARS | | | |
| | | | | (STATE & ZIP CODE) | | | | | # YEARS | | | | | |
| (STREET) | | (CITY | | T IF MORE | e D A | • | | • | | | | | | |
| | | (ATTA) | | NSE INFOR | | | KEEDE | u) | | | | | | |
| Section 383.21 FMCSF driver's license". I cert | R states 'ify that I | "No person w do not have i | vho operat | es a comm | ercia | l motor | vehicle | shall at an information | y time ha | ave n ch is | nore thai listed be | n one | Э | |
| STATE | | LIC | LICENSE NO. | | | TYPE | | | | EXPIRATION DATE | | | | |
| | | | | | | | | | | | | | | |
| | | | DRI | /ING EXPE | RIE | NCE | | | | , | | | | |
| CLASS OF | | | TYPE OF EQUIP | | | | ED ON | DATES | | 1 | APPROX. NO. OF | | | |
| EQUIPMENT | | | (VAN, TANK, FLAT | | .i, E | TC.) FROM | | TO | | 1 1 | MILES (TOTAL) | | | |
| STRAIGHT TRUCK | | | | | | | | ·· | | | | | | |
| TRACTOR AND SEMI- | TRAILE | R | | | | | | | | | | | | |
| TRACTOR - TWO TRAILERS | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | |
| ACCIDENT RE | ECORD I | FOR PAST 3 | YEARS | OR MORE (| ATT | ACH S | HEET II | F MORE SF | PACE IS | NEE | EDED) | | | |
| | | | OF ACCIDENT | | | | | | JMBER | | | EMIC | | |
| | (HEA | D-ON, REAF | R-END, UF | PSET, ETC. | .) | FAT | ALITIES | INJ | URIES | | | | | |
| | | | | | | | | | | | YES | | NO | |
| | | | | | | | | | | | YES | | NO | |
| | | | | | | | | | | | YES | | NO | |
| TRAFFIC CONVICT | ions ai | ND FORFEIT | URES FO | R THE PAS | ST 3 | YEAR | S (OTH | ER THAN F | PARKIN | G VI | OLATIO | NS) | | |
| DATE CONVICTED | | VIOLATION | | STATE | | | | | P | ENAI | LTY | | | |
| (month/year) | | | | DCATION | | | | | ollateral and/or points) | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | /ATT | ACH SHEE | TIF MORE S | SPAC | FISN | EDED) | | | | | | | |
| A. Have you ever beer | denied | • | | | | | | le? YES | | NO | · | | | |
| If yes, explain | | | | | | | | | | | | | | |
| B. Has any license, pe | rmit or p | rivilege ever | been susp | ended or re | evok | ed? | | YES | | NO |) | | | |
| If yes, explain | | | | | | | | | | | | | | |

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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).

| Must list the complete mailing | address: street num | ber and name, city | , state and zip code. | | | | | |
|--|---|--|---|-----------------------|--|--|--|--|
| LAST EMPLOYER: NAME | | | | | | | | |
| ADDRESS | | PHONE _ | | | | | | |
| POSITION HELD | FROM | TO | SALARY | | | | | |
| REASONS FOR LEAVING | | | | | | | | |
| ANY GAPS IN EMPLOYMENT AND/OR UNEN | | | NCLUDE DATES (MONT | H/YEAR) | | | | |
| Were you subject to the Federal Motor Carrier Safety | | | e previous employer? Yes | No | | | | |
| Was the previous job position designated as a safety substances testing requirements as required by 49 C | | DOT regulated mode | e, subject to alcohol and cor Yes | | | | | |
| SECOND LAST EMPLOYER: NAME | | | | | | | | |
| ADDRESS | | PHONE _ | | | | | | |
| POSITION HELD | FROM | TO | SALARY | | | | | |
| REASONS FOR LEAVING | | | | | | | | |
| ANY GAPS IN EMPLOYMENT AND/OR UNEA AND REASON. | | | ICLUDE DATES (MONT | H/YEAR) | | | | |
| Were you subject to the Federal Motor Carrier Safety Was the previous job position designated as a safety substances testing requirements as required by 49 CTHIRD LAST EMPLOYER: NAME | sensitive function in any CFR Part 40? | DOT regulated mode | e, subject to alcohol and con Yes | | | | | |
| ADDRESS | PHONE | | | | | | | |
| POSITION HELD | FROM | то | SALARY | | | | | |
| REASONS FOR LEAVING | | | | | | | | |
| ANY GAPS IN EMPLOYMENT AND/OR UNEA AND REASON. | 1PLOYMENT MUST B | E EXPLAINED. IN | ICLUDE DATES (MONT | H/YEAR) | | | | |
| Were you subject to the Federal Motor Carrier Safety | Regulations (FMCSRs) | while employed by th | e previous employer? Yes | No | | | | |
| Was the previous job position designated as a safety substances testing requirements as required by 49 C | | DOT regulated mode | e, subject to alcohol and con Yes | trolled No | | | | |
| TO BE F | READ AND SIGNED E | BY APPLICANT | | | | | | |
| I authorize you to make sure investigations and in related matters as may be necessary in arriving a be made only if and after a conditional offer of en care providers and other persons from all liability application. | it an employment decisi oployment has been ext | on. (Generally, inquended.) I hereby re | uiries regarding medical h lease employers, schools, | istory will health | | | | |
| In the event of employment, I understand that false o discharge. I understand, also, that I am required to a | r misleading information obide by all rules and regu | given in my applicatio lations of the Compa | n or interview(s) may result ny. | in | | | | |
| "I understand that information I provide regarding cur- contacted, for the purpose of investigating my safety have the right to: Review information provided by current/previous Have errors in the information corrected by prev to the prospective employer; and Have a rebuttal statement attached to the allege accuracy of the information." | performance history as re s employers; rious employers and for th | equired by 49 CFR 39 | 11.23(d) and (e). I understai | nd that I | | | | |
| DATE | | APPLICANT'S | SIGNATURE | <u>.</u> | | | | |
| This certifies that I completed this application, and that knowledge. | at all entries on it and info | rmation in it are true | and complete to the best of | my | | | | |

APPLICANT'S SIGNATURE DATE Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.