



# APPLICATION FOR EMPLOYMENT

Position Applied For		Date
Last Name	First Name	
Address	Social Security No.	
	Phone No. (Residence)	
	Phone No. (Business)	

## Addresses for Past 3 Years

Address	Address
How Long	How Long

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## Education

Secondary School	Years Completed	Date of Graduation	Name of Degree or Diploma
College/University			
Other Courses Completed			

## Driver's Licenses

Province/State	License No.	Class	Expiration Date

## Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. # OF MILES - TOTAL
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				
OTHER				

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

Date of Last Accident	Nature of Accident <i>(Rear-End, Head-On, Upset, etc.)</i>	No. of Injuries	No. of Fatalities

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

LOCATION	DATE	CHARGE	PENALTY

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

- 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 STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)**

**NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown**

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

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

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

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, 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.