

## Application for Employment Addendum

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Name \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address \_\_\_\_\_ (Please specify year(s) and month(s))  
(If less than three(3) years, list all previous addresses in the past three(3) years below. Attach a separate sheet if necessary)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Driver Experience and Qualification

List ALL Drivers Licenses or permits held in the last three (3) years

State	License Number	Class	Endorsement(s)	Expiration Date

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No  
2) Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered "Yes" to 1 or 2, attach a statement giving facts and circumstances.

### Driver Experience

Class of Equipment	Type of equipment (Van, Tank, Flat)	From Month/Year	To Month/Year	Approximate Number of Miles
Auto (Passenger)				
Straight Truck				
Tractor & Semi-Trailers				
Tractor & Two-Trailers				
Motor Coach-Bus				
Other-Please Specify				

### Accident Record

List ALL accidents in the past three (3) years. Attach separate sheet is more space is required.

Date	Nature of Accident (Head-on, Rear-end, ect.)	Property Damage Yes/No	Personal Injury Yes/No

### Traffic Convictions and Forfeitures

List ALL in the past three (3) years (other than parking tickets). Attach separate sheet is more space is required.

Date	City and State	Charge	Penalty

## Employment History

All driver applicants to drive in interstate commerce must provide the following on ALL past employers during the preceding 3 years: the past employers name, address, dates of employment (explain all gaps), and the reason for leaving employment. Applicants to drive a commercial motor vehicle\* in interstate or intrastate commerce must provide an additional 7 years of information on those past employers for whom the applicant operated such vehicle.

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State	Zip	TO: Month/Year	Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?				Yes No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes No				

  

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State	Zip	TO: Month/Year	Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?				Yes No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes No				

  

Employer		Dates		
Name		From: Month/Year		Position Held
Address				
City	State	Zip	TO: Month/Year	Reason for Leaving
Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?				Yes No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes No				

  

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Name		From: Month/Year		Position Held
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Employer		Dates		
Name		From: Month/Year		Position Held
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Contact Person	Phone #			
Were you subject to the Federal Motor Carrier Safety Regulations while being employed?				Yes No
Was your job designated as a Safety-Sensitive Function, in any DOT-Regulated Mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40? Yes No				

This certifies that this application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge.      Signature \_\_\_\_\_ Date \_\_\_\_\_