

Employment Application

COMPANY NAME

LEGAL NEW COMPANY

COMPANY ADDRESS

STREET ADDRESS2

CITY, STATE, AND ZIP CODE

SAN DIEGO CALIFORNIA 54321

NAME

LUZ

SOCIAL SECURITY(IF APPLICABLE)

65465465

DATE OF BIRTH

1992-01-28

LAST NAME

DUARTE

Driver License

STATE

INDIANA

LICENSE NO.

78Y8YY8Y

TYPE

A

EXPERIENCE DATE

2020-03-21

A. Have you ever been denied a License, Permit Or Privilige to Operate a Motor Vehicle?

☒ Yes

☐ No

B. Has any license, permit or privilige ever been suspended or revoked?

☒ Yes

☐ No

Driving Experience

Class of Equipment	Type of Equipment	From Date	To Date	Approx No. of Miles
TRUCK	TRAILER	2018-11-25	2019-03-31	4567
CAR	CAR	2019-03-05	2019-04-01	3456
TRUCK	TRAILER	2018-07-16	2019-02-08	4567

Accident Record for the past 3 years or more

Dates	Nature of accidents	Fatalities	Injuries
2018-12-06	NARURAL 3	FATALITIES 3	INJURIES 3
2019-01-15	NARURAL 2	FATALITIES 2	INJURIES 2
2019-03-11	NN	FF	II

Traffic Convictions and forfeitures for the past 3 years

Location	Date	Charge	Penalty
TERTRETE	2019-01-03	CHARGE 2	PENALTY 2

303 N OREGON SUITE 1020	2019-02-12	CHARGE	PENALTY
ADDRESS PRUEBA	2019-03-05	CC	PP

Employment Records

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIALDRIVING EXPERIENCE FOR THE LAST 10 YEARS BE SHOWN.

NAME

NEW COMPANY

TELEPHONE

9155334750

ADDRESS

303 N OREGON SUITE 1020

POSITION

POSITION 2

FROM

2019-03-03

TO

2019-03-09

SALARY

23123

POSITION SUBJECT TO DO REGULATIONS

YES

☒

NO

☐

SUBJECT TO DOT DRUG AND ALCOHOL TESTING

YES

☒

NO

☐

Second Employment

NAME

PREMIER 2

TELEPHONE

32432423554

ADDRESS

ADDRESS

POSITION

POSITION

FROM

2019-03-12

TO

2019-04-22

SALARY

4567

POSITION SUBJECT TO DO REGULATIONS

YES

☒

NO

☐

SUBJECT TO DOT DRUG AND ALCOHOL TESTING

YES

☒

NO

☐

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. APPLICANTS FOR POSITIONS THAT REQUIRE DRIVING A COMMERCIAL MOTOR VEHICLE (CMV) AT ANY TIME WILL BE REQUIRED TO UNDERGO CONTROLLED SUBSTANCE AND, AT OUR DISCRETION, ALCOHOL TESTING PRIOR TO EMPLOYMENT AND WILL BE SUBJECT TO FURTHER TESTING THROUGHOUT THEIR PERIOD OF EMPLOYMENT. APPLICANTS WILL ALSO BE ASKED TO SIGN FORMS FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYERS IN ALL CASES WHERE DRIVING A CMV WAS ONE OF YOUR FUNCTIONS. FAILURE TO SIGN WILL PREVENT THIS EMPLOYER FROM USING YOU AS A CMV DRIVER.

Full Name And Signature