

APPLICATION FOR EMPLOYMENT

COMPANY: **Abram Expedited LLC** STREET ADDRESS: **5087 MARTIN LUTHER KING JR**
CITY, STATE AND ZIP CODE: **FORT WORTH, TX 76119**

PROSPECTIVE EMPLOYEE DATA:

Name:

Middle:

Maiden name, if any:

Last name:

Address street: City: State: Zip code: How Long?:

Date of Birth:

Social Security No.:

Hire Date:

Telephone Number:

E-mail Address:

PREVIOUS THREE YEARS RESIDENCY:

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LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license , the information for which is listed below.

State:	License Number:	Type:	Expiration Date:
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DRIVING EXPERIENCE

Class Of Equipment	Type Of Equipment (Van, Tank , Flat, Etc.)	Dates: From-To	Approx.No.Of Miles (Total)
Straight Truck:		-	
Tractor And Semi-Trailer		-	
Tractor- Two Trailers		-	
Other		-	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE:

Dates:	Nature Of Accident (Head-On , Rear-End , Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills

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

Date Convicted (Month/Year)	Violation	State Of Violation Location	Penalty (Forfeited Bond, Collateral And/Or Points)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?: If Yes, Explain:

B. Has any license , permit or privilege ever been suspended or revoked?: If Yes, Explain:

PREVIOUS EMPLOYMENT HISTORY