

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: **Slobodan**

Middle: **nvpCEEwl7p**

Maiden name, if any: **ijQxjONqPR**

Last name: **Juhas**

Address street: **OgJ0B53hMP** City: **city** State: **state** Zip code: **zip** How Long?: **koliko**

Date of Birth: **ynMuAgdfJ2**

Social Security No.: **aOSzkj5NKY**

Hire Date: **PWaQn7GAdM**

Telephone Number: **2gCRmPmY5c**

E-mail Address: **bpjcw@xw0m.com**

PREVIOUS THREE YEARS RESIDENCY:

Address Street: **Oby4vsZz4o** City: **citi 11** State: **state 11** Zip code: **zip11** # Years: **bjalOXNnxl**

Address Street: **aaa** City: **cccc 222** State: **sttt 222** Zip code: **zip 222** # Years: **232**

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: DY1c0bqWna	License Number: xHI29WFnjx	Type: APCObGd57Z	Expiration Date: 26qRxxZo3K
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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:	CfFdKoKjz2	J831hRojta-MIJqh4Yv2R	2ypSv1Wu4A
Tractor And Semi-Trailer	icyuEqgc5c	ZCNrtpRAOl-8chmroV5bF	j1r2h1nI2F
Tractor- Two Trailers	EWWEt8BigZ	mVZELzGcW3-7IEuFIYsXM	F3LmqfA15A
Other	EDtxkRclDI	pZGEiR8VHo-ELqjrn5g2s	OI7NdCv9Zs

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE:

Dates:	Nature Of Accident (Head-On , Rear-End , Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills
GIbxSTauDc	4quvSPETQD	446005	603594	yes
DQukIPe60f		382890	096728	yes

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)
0hhi7IeDMt	mxA9i5aF9z	Bg8X2zkmls	5QAVHPk383

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?: **yes** If Yes, Explain: **1**

B. Has any license , permit or privilege ever been suspended or revoked?: **no** If Yes, Explain: **2**

PREVIOUS EMPLOYMENT HISTORY**1 PREVIUS EMPLOYER**

Last employer name: **FTISBPi2qj**

Last employer address: **2Ug5ncLFSJ**

City: **city 11** State: **state 11** Zip: **zip 111**

Last employer e-mail: **fear3@vfeu.com**

Employer phone: **yIzlhvoz2p**

Position held: **A24C8g0vot**

Position held from: **zqXO6fNPA5** Position held to: **zKcnkVqRSy**

Salary: **2vOlkGqGei**

Reasons for leaving: **UUxHJndcyZ**

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

AZFUdk2I3A

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? **--**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **--**

2 PREVIUS EMPLOYER

Last employer name: **Second last employer nam**

Last employer address: **Second last employer namSecond last employer nam Second last employer address**

City: **citi 555** State: **state 555** Zip: **zipp 555**

Last employer e-mail: **4y7sn@nrk1.com**

Employer phone: **yqaaSiTKf7**

Position held: **yT8kA0VLcV**

Position held from: **iGc81jn3t0** Position held to: **qZC4RPg5fR**

Salary: **pA2kZjiAOA**

Reasons for leaving: **qEbSfYbyXz**

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? **--**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **--**