



Application for Employment (Reverse side, or page 2)

ADVERSE LICENSING ACTIONS:

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y/N _____
- B. Has any license, permit, or privilege to operate a motor vehicle been suspended or

revoked? Y/N Explain below (or attach separate sheet if more space is needed):

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED):

NOTE: USDOT Requires that you list your employment history for at least the last 3 years and your Commercial Driving Experience for the Past 10 years:

LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER

NAME: _____ FROM: _____

ADDRESS: _____ TO: _____

POSITION HELD: _____ SALARY \$ _____ per

SUBJECT TO FMCSRs? _____ SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

REASON FOR LEAVING: _____

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

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) _____