



## TRAFFIC CONVICTIONS

List your traffic convictions and forfeitures for the past 3 years (other than parking violations):

If none, write none.

LOCATION	DATE	CHARGE	PENALTY

## DRIVERS LICENSES

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 NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (Please circle)    Yes    No

B. Has any license, permit or privilege ever been suspended or revoked? (Please circle)    Yes    No

**If the answer to either A or B is yes, attach a statement giving details.**

## EXPERIENCE AND QUALIFICATIONS

List your driving experience:

If none, write none.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		OR APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTOR COACH-SCHOOL BUS				
OTHER				

List states operated in for last five years .....

List any heavy equipment (loaders, scrapers, pavers, chippers, etc.) that you have operated and level of proficiency .....

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## EMPLOYMENT HISTORY

Applicants to drive a commercial vehicle in intrastate or interstate commerce shall provide the following information on all employers during the preceding 3 years. You must give the same information for all employers for whom you have driven a commercial vehicle 7 years prior to the initial 3 years (total of 10 years of employment history).

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: weighs or has a GVWR of 10,001 lbs. or more, is designed or used to transport 9 or more passengers, or is any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

Current/Last Employer ..... Type of Business .....

Address ..... Telephone No. ....

Mailing City State Zip

Employed From ..... To ..... Position Held ..... Supervisor .....

Reason for leaving or seeking other employment .....

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40?  Yes  No

Previous Employer ..... Type of Business .....

Address ..... Telephone No. ....

Mailing City State Zip

Employed From ..... To ..... Position Held ..... Supervisor .....

Reason for leaving or seeking other employment .....

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40?  Yes  No

Previous Employer ..... Type of Business .....

Address ..... Telephone No. ....

Mailing City State Zip

Employed From ..... To ..... Position Held ..... Supervisor .....

Reason for leaving or seeking other employment .....

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements of 49 CFR Part 40?  Yes  No

Attach Additional Sheets as necessary

## AFFIDAVIT

This certifies that this supplemental 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.

I authorize you to make such investigation and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other person from all liability in responding to inquiries and releasing information in connection with my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date