

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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

B. Has any license, permit or privilege ever been revoked? Yes No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? Yes No

EMPLOYMENT RECORD
All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____
 Position held: _____ CDL? From: _____ To _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
 Position held: _____ CDL? From: _____ To _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
 Position held: _____ CDL? From: _____ To _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

DATE