



**PREVIOUS EXPERIENCE**

Please list beginning from most recent.

Dates Employed	Company Name	Location	Role/Title

Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

Were you subject to controlled substance & alcohol testing under 49 CFR parts40/382 Yes \_\_\_ No \_\_\_

Job notes, tasks performed and reason for leaving:

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**Driver License**

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State	License No.	Type/Endorsements	Expiration Date
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## Driver Qualifications (if applying for driving position)

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flatbed, etc)	Dates From - To	Approximate Total Miles
Straight Truck			
Tractor and Semitrailer			
Tractor-Two Trailers			
Other			

### Accident Record - for past three years

DATES	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

### Traffic Convictions (other than parking violations) and forfeitures - for the past three years

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes \_\_\_ No \_\_\_

Has any license, permit or privilege ever been suspended, revoked or denied?

Yes \_\_\_ No \_\_\_

If yes to either of the above, explain.

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This certifies that all information provided is true and complete to the best of my knowledge.

Date \_\_\_\_\_

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