



# EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Please list complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an addition seven years' information on those employers for whom the applicant operated such vehicle.

**Note: Please list employers in reverse order, starting with the most recent. Add another sheet as necessary.**

EMPLOYER		DATE	
Name:	<b>FROM</b> Mo.          Yr.	<b>TO</b> Mo.          Yr.	
Address:		Position Held	
City:	State:	ZIP Code:	
Contact Person:		Phone:	
		Reason for Leaving	
EMPLOYER		DATE	
Name:	<b>FROM</b> Mo.          Yr.	<b>TO</b> Mo.          Yr.	
Address:		Position Held	
City:	State:	ZIP Code:	
Contact Person:		Phone:	
		Reason for Leaving	
EMPLOYER		DATE	
Name:	<b>FROM</b> Mo.          Yr.	<b>TO</b> Mo.          Yr.	
Address:		Position Held	
City:	State:	ZIP Code:	
Contact Person:		Phone:	
		Reason for Leaving	
EMPLOYER		DATE	
Name:	<b>FROM</b> Mo.          Yr.	<b>TO</b> Mo.          Yr.	
Address:		Position Held	
City:	State:	ZIP Code:	
Contact Person:		Phone:	
		Reason for Leaving	
EMPLOYER		DATE	
Name:	<b>FROM</b> Mo.          Yr.	<b>TO</b> Mo.          Yr.	
Address:		Position Held	
City:	State:	ZIP Code:	
Contact Person:		Phone:	
		Reason for Leaving	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



# OTHER EXPERIENCE AND QUALIFICATIONS

List any trucking, transportation, or other experience that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown): \_\_\_\_\_

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

I authorize the company to make such investigations and inquires of my personal, employment, and financial or medical history, or 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 condition offer of employment has been extended.) I hereby release my employers, schools, healthcare providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of emplyment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulartions of the company.

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

\_\_\_\_\_  
Date

## PROCESS RECORD

APPLICANT HIRED:	REJECTED:
DATE EMPLOYED:	POINT EMPLOYED:
DEPARTMENT:	CLASSIFICATION:

If rejected, summary report of reasons should be placed in file.

### THIS SECTION IS TO BE FILLED OUT BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_

### TRANSFERS

FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON FOR TRANSFER:		REASON FOR TRANSFER:	
FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON FOR TRANSFER:		REASON FOR TRANSFER:	

### TERMINATION OF EMPLOYMENT

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_