

Employment History

All driver applicants (to drive in interstate commerce), must provide the following information on all prospective employers during the *previous three (3) years*. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also *provide an additional seven (7) years* information on those employers for whom the applicant operated such vehicles. Failing to list telephone numbers for each previous employer can delay the processing of this application. Please indicate whether your job was full-time or part-time on each employer.

The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,000 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

YOU MUST SHOW ALL EMPLOYERS FOR THE PAST TEN (10) YEARS. THIS IS A FEDERAL MOTOR CARRIER REQUIREMENT. ALSO - INCLUDE ANY PERIODS OF TIME IN WHICH YOU WERE UNEMPLOYED.

Present or last employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr

Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

2nd most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr

Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

3rd most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr

Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

4th most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr

Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

5th most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr
Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

6th most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr
Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

7th most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr
Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

8th most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr
Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No

9th most recent employer or unemployment period of time

From _____ To _____ Company Name: _____
Mo/Yr Mo/Yr
Position held: _____ Address: _____
Street City State

Supervisor Name: _____

Reason you left: _____ Phone No: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR. Part 40? Yes No