



## Employment History

**IF YOU ANSWERED YES TO QUESTIONS A OR B ON THE PREVIOUS PAGE, PLEASE PROVIDE COMPLETE INFORMATION ON ALL EMPLOYERS DURING THE PAST 10 YEARS (ATTACH PAGES AS NECESSARY).**

OR

Please use this section if you needed more space to provide 3 years of employment history requested on the standard application

*Note: A full 10 Year work history is legally required for those individuals holding a CDL or Captain's License (as they are "safety sensitive" positions). Upon hire, you must also sign a Release of Information Request Form for **each** safety-sensitive position indicated.*

Company: _____			
Address: _____		City/State: _____ Zip: _____ Fax #: ( ) -	
Job Title: _____		Contact Person: _____ Phone: ( ) -	
From: _____		To: _____ Reason for Leaving: _____	
Responsibilities: _____			
Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES <input type="checkbox"/> NO <input type="checkbox"/>			
**What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR <input type="checkbox"/> USCG <input type="checkbox"/> Non DOT <input type="checkbox"/>			
Company: _____			
Address: _____		City/State: _____ Zip: _____ Fax #: ( ) -	
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**\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 26,000 pounds or more, (2) is designed or used to transport more than 16 passengers (including driver), or (3) is of any size and is used to transport hazardous materials in the quantity requiring placarding.**

**Driving Accidents and Violations Record**

<b>Any <u>driving violations</u> or <u>accidents</u> in the past 3 years or <u>DUIs</u> in the last 5 years?</b>	<b>*YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	If <b>yes</b> , please provide complete information for the following:
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**Accident Record** for past 3 years or more (Attach another sheet as necessary.) If none, write *none*.

Date: \_\_\_\_\_ Nature of the Accident: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of the Accident: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of the Accident: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

**Traffic Violations** of which applicant was convicted or forfeited bond or collateral during the past 3 years (excluding parking violations) OR received a **DUI** (Driving Under the Influence) in the last 10 years. If none, write *none*.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

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 or revoked? \*YES  NO

*\*If the answer is yes to either question, please provide details regarding the facts and circumstances:*

\_\_\_\_\_  
 \_\_\_\_\_

**Disclaimer and Signature**

*This certifies that this 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.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send completed applications by mail, fax or e-mail attachment.**