



## EMPLOYMENT RECORD

By U.S. DOT law we must confirm the last **3 years** of employment and have knowledge of the last **10 years**. Attach additional sheet if necessary.  
All time gaps must be accounted for and the reason provided (i.e. unemployed/self-employed)

\*Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

1. Last/Current Employer:		From: (Month/Year)	To: (Month/Year)		
Address:					
Phone #:	Fax#:	Were you subject to FMCSRs while employed? Y <input type="checkbox"/> N <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the D&A testing requirements of 49 CFR Part 40? Y <input type="checkbox"/> N <input type="checkbox"/>			
Position Held:					
Reason for Leaving:					
2. Last/Current Employer:		From: (Month/Year)	To: (Month/Year)		
Address:					
Phone #:	Fax#:	Were you subject to FMCSRs while employed? Y <input type="checkbox"/> N <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the D&A testing requirements of 49 CFR Part 40? Y <input type="checkbox"/> N <input type="checkbox"/>			
Position Held:					
Reason for Leaving:					
3. Last/Current Employer:		From: (Month/Year)	To: (Month/Year)		
Address:					
Phone #:	Fax#:	Were you subject to FMCSRs while employed? Y <input type="checkbox"/> N <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the D&A testing requirements of 49 CFR Part 40? Y <input type="checkbox"/> N <input type="checkbox"/>			
Position Held:					
Reason for Leaving:					
4. Last/Current Employer:		From: (Month/Year)	To: (Month/Year)		
Address:					
Phone #:	Fax#:	Were you subject to FMCSRs while employed? Y <input type="checkbox"/> N <input type="checkbox"/> Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the D&A testing requirements of 49 CFR Part 40? Y <input type="checkbox"/> N <input type="checkbox"/>			
Position Held:					
Reason for Leaving:					
Where did you hear about this position?					
Trucking Magazine <input type="checkbox"/>	Truck Show <input type="checkbox"/>	Web Page <input type="checkbox"/>	Driving School <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="checkbox"/>
<small>_____ Please Specify</small>	<small>_____ Please Specify</small>	<small>_____ Please Specify</small>	<small>_____ Please Specify</small>	<small>_____ Please Specify</small>	<small>_____ Please Specify</small>
<b>Release Clause:</b>					
<p>This certifies that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge. I authorize the Company and/or their agents to make such investigations and inquiries (personal, employment, financial (credit bureau), criminal search, driving abstracts, drug results from previous employers or their consortium, functional abilities, medical history and 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 conditional offer of employment has been extended.) If hired or contracted, this authorization shall remain on file and shall serve as on-going authorization to re-check or report as deemed necessary at any time throughout my employment or contract period, up to and including termination of employment. Furthermore, I understand that the Company and/or their agents may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that throughout the course of employment, I am required to abide by all rules and regulations of the Company.</p> <p>I agree to supply personal information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.</p>					
Signature _____			Date _____		

**Office Use Only:**  Application complete and recommended for hire. Date: \_\_\_\_\_ Initials: \_\_\_\_\_