

APPLICATION FOR CMV/CDL EMPLOYMENT
FOR APPLICANTS POSSESSING A COMMERCIAL DRIVERS LICENSE
All requested information must be completed in order to receive full consideration for employment.

APPLICANT'S NAME: _____
(Please Print)

Nature and Extent of Driving Experience

Type of Equipment	Date From:	Date To:	Date Total Miles Driven:

List All Valid Commercial Motor Vehicle Licenses and/or Permits

Issuing State	License Number & Class	Expiration Date

Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years

Date of Accident	Nature of Accident	# Fatalities	# Injuries

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures for past 3 years

Location	Date	Charge	Penalty

Operating Privileges

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 _____

Did you have a positive pre-employment drug or alcohol test in the past two years? Yes _____ No _____

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.

Record of CMV Employment for Past 10 Years

Note: If this applicant has no history of CMV employment in the last 3 years, check here:

Last Employer _____

Street Address _____

City, State, Zip _____

From: _____ To: _____ Reason for Leaving _____

Was this employment subject to FMCSRs (i.e. CMV)? Yes ___ No ___

Was this employment subject to U.S.DOT alcohol & controlled substance testing (i.e. CDL)? Yes ___ No ___

2nd Last Employer _____

Street Address _____

City, State, Zip _____

From: _____ To: _____ Reason for Leaving _____

Was this employment subject to FMCSRs (i.e. CMV)? Yes ___ No ___

Was this employment subject to U.S.DOT alcohol & controlled substance testing (i.e. CDL)? Yes ___ No ___

3rd Last Employer _____

Street Address _____

City, State, Zip _____

From: _____ To: _____ Reason for Leaving _____

Was this employment subject to FMCSRs (i.e. CMV)? Yes ___ No ___

Was this employment subject to U.S.DOT alcohol & controlled substance testing (i.e. CDL)? Yes ___ No ___

TO BE READ AND SIGNED BY APPLICANT

By signing below, I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge.

Applicant's Signature

Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.