

NOTE: DOT regulations require that you provide all employment experience for the previous three years. In addition, you must provide any commercial driving experience for the seven years prior to that. Attach an additional sheet if necessary.

Previous Employment Information

- 1) **Name of employer:** _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Type of equipment (combination) _____ Engine/Transmission Type _____
Gross Weight _____ Miles Driven _____ Safe driving or worker awards _____
Was this employer subject to the Federal Motor Carrier Safety Regulations? Yes No
Were you subject to Drug and Alcohol testing as required by the DOT? Yes No
- 2) **Name of employer:** _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Type of equipment (combination) _____ Engine/Transmission Type _____
Gross Weight _____ Miles Driven _____ Safe driving or worker awards _____
Was this employer subject to the Federal Motor Carrier Safety Regulations? Yes No
Were you subject to Drug and Alcohol testing as required by the DOT? Yes No
- 3) **Name of employer:** _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Type of equipment (combination) _____ Engine/Transmission Type _____
Gross Weight _____ Miles Driven _____ Safe driving or worker awards _____
Was this employer subject to the Federal Motor Carrier Safety Regulations? Yes No
Were you subject to Drug and Alcohol testing as required by the DOT? Yes No
- 4) **Name of employer:** _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Type of equipment (combination) _____ Engine/Transmission Type _____
Gross Weight _____ Miles Driven _____ Safe driving or worker awards _____
Was this employer subject to the Federal Motor Carrier Safety Regulations? Yes No
Were you subject to Drug and Alcohol testing as required by the DOT? Yes No
- 5) **Name of employer:** _____ Phone No: () _____
Address _____ City _____ St. _____ Zip _____
Name of supervisor _____ Position Held _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Type of equipment (combination) _____ Engine/Transmission Type _____
Gross Weight _____ Miles Driven _____ Safe driving or worker awards _____
Was this employer subject to the Federal Motor Carrier Safety Regulations? Yes No
Were you subject to Drug and Alcohol testing as required by the DOT? Yes No

Driver Experience and Qualification

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates From—To	Approximate Total Miles
Straight Truck			
Tractor and Semi-Trailer			
Twin/Triple Trailers			
Other			

Licenses

Driver Licenses held in the past three years must be listed	State	License No.	Type	Expiration Date

Moving traffic convictions and/or forfeitures for the past three years other than parking violations ~ *IF NONE, WRITE NONE*

Location	Date	Charge	Penalty

Have you ever been convicted of driving under the influence of alcohol or any substance? Yes No

Have you ever been convicted of careless driving, reckless driving or reckless endangerment involving a motor vehicle? Yes No

Have you ever been denied a license or permit to operate a motor vehicle or have had your license or permit suspended or revoked? Yes No

Have you ever been disqualified from driving a commercial motor vehicle for violations of the Federal Motor Carrier Safety Regulations or state or local regulations? Yes No

If yes to any of the above, please explain: _____

Drug & Alcohol Testing History

Have you ever tested positive or refused to be tested on a *Pre-Employment* Drug Test for an employer that you *did not* go to work for? Yes No

Have you ever tested positive or refused to be tested on any DOT required Drug or Alcohol test? Yes No

Have you ever engaged in any conduct that is prohibited by the DOT Drug & Alcohol testing regulations? Yes No

Have you been subject to Substance Abuse Professional (SAP) counseling and/or treatment, because of a positive drug or alcohol test or engaging in other prohibited conduct? Yes No

If subject to Substance Abuse Professional (SAP) counseling and/or treatment, did you complete the required treatment program? Yes No

If yes to any of the above, please provide the details: _____