

# DOT Employment Application Addendum



Applicant Name: \_\_\_\_\_

## Employment History

Please provide information on past employers during the **preceding 10 years**, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street City Zip Code (Date) (Date)

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May we contact:  Yes  No

Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No

List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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## EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)  
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty
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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 of the two previous questions, attach a statement giving the details)

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc..)	DATES		TOTAL # OF MILES (Approx)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailer				
10,000 pounds +				

## ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
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Last Accident: \_\_\_\_\_

Next Previous: \_\_\_\_\_

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## TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date