

## APPLICATION FOR CMV EMPLOYMENT

All information is required to be obtained.

Employer Name _____
Street Address _____
City, State, Zip _____

*Attach extra sheets if more space is needed for any of the following answers.*

Print Applicant's Name _____			
Current Address _____	(Street)	(City)	(State) (Zip)
Date of Birth _____	Social Security Number _____		
Addresses for past three years:			
Address _____	(Street)	(City)	(State) (Zip)
Address _____	(Street)	(City)	(State) (Zip)

List all Valid Commercial Motor Vehicle Licenses and/or Permits		
Issuing State	License Number	Expiration Date

Nature and Extent of Driving Experience		
Type of equipment	Date from:	Date to: Total miles driven:

Commercial Motor Vehicle Accident Record for past 3 years		
Date of accident:	Nature of accident	# Fatalities # Injuries

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years		
Location	Date	Charge Penalty

Over ...

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 \_\_\_

If any answer is "Yes", attach a statement giving details.

Employment Record for Past 10 Years

Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
2<sup>nd</sup> Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
3<sup>rd</sup> Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

By signing below, I certify 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.

Applicant's signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**NOTE:** This employer may require an applicant to provide additional information than is required by the Federal Motor Carrier Safety Regulations. The information provided above and that obtained from previous employers may be used for the purpose of investigating the applicant's work safety. This employee has the following rights regarding this information: (a) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. Prospective employees who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.