CMV DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

Date of Hire		Date (of Application	
(print) Prospectiv	ve Employer			
1 tospeou	, •			
	Address ———			
	City	Sta	ate Zip	
		PLEASE READ CO	MPLETELY	
commercia carrier in v including F If unsure o	al driver position as definition of federal law. In Part 382 and Part 391. If question or require he	form is required by federal law (49 ned in 49 CFR 390.5. Failure to co Information provided will be verified by with competing form please ask	emplete required areas can place the by carrier as required under vari carrier representative.	both the applicant and ious parts of 49 CFR,
		'S MAY RESULT IN REFUSAL		
	·	,		
Name		First	Social Security No	J
Lasi	-	First	Middle	
)ate of Birth		/ Document Prese	nted to Verify Age	
·.				
Current Addre	ss		City	
•	Obcol		•	Haw Lang?
Previous	State	Zip Code	Phone	yr./mo.
Addresses	Street	City	State & Zip Code	How Long?
(If less than 3	Gircut	Oity	Glate & Zip GGGC	yr./mo.
years)	Street	City	State & Zip Code	How Long?yr./mo.
				How Long?
	Street	City	State & Zip Code	yr./mo.
Are you l	egally authorized to wor	k in the United States as a comme	ercial driver under 49 CFR? YES	S NO
-	r been convicted of a fel	•		
If yes, please will be conside		ate sheet of paper. Conviction of a	ı crime is not an automatic bar to	employment-all circumstances
Is there any re consideration		ble to perform the functions of the	job for which you have applied? A	tre you applying for ADA
If yes, explain	ı if you wish.			
			- <u>-</u>	

This form is made available with the understanding that NATC, Inc. is not engaged in rendering legal, accounting, or other professional services. NATC, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT MUST COMPLETE

(answer all questions - please print)

EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an <u>additional</u> 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

CURRENT EMPLOYER					DATES (Mo./Yr.)		
COMPANY NAME				FROM	то		
ADDRESS				POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE			
CONTACT PERSON		NUMBER	-	REASON FOR LEAV			
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ACCIDENT RECORD

DATES (HEAD-ON, REAR-END, OVERTURN) FATALLIES INJURIES MATERIALS ACCIDENT	PROVIDE THE FOL	LOWING INFORMA	TION FOR ANY ACCIDENT YO	OU WERE INVOLVED	IN DURING THE	PRECEDING 3	YEARS (IF NO	NE, WRITE, NONE)	
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nature: Date:	-		•			Date:			

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	ACCIDENT REGISTER								
Index Number	Date	Location City/State	Driver Name	Number Injuries	Number Fatals	Vehicles Towed	HM Incident		
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NOTE: This form is provided as a suggested format for recording accidents. A motor carrier may use any register format for documenting recordable accidents, per Part 390.