EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing	address: street num!	ber and name, city	, state and zip code.	
LAST EMPLOYER: NAME				
ADDRESS		PHONE _		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING			¹ 60	
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.	PLOYMENT MUST E	BE EXPLAINED. II	NCLUDE DATES (MONTH/YEA	(R)
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by the	ne previous employer? Yes No)
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		DOT regulated mod	e, subject to alcohol and controlled Yes No)
SECOND LAST EMPLOYER: NAME				
ADDRESS		PHONE _		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.			NCLUDE DATES (MONTH/YEA	.R)
Were you subject to the Federal Motor Carrier Safety	Regulations (FMCSRs)	while employed by the	ne previous employer? Yes No)
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		DOT regulated mod	e, subject to alcohol and controlled Yes No	0
THIRD LAST EMPLOYER: NAME		the transfer of the second		
ADDRESS		PHONE _		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEM AND REASON.			NCLUDE DATES (MONTH/YEA	R)
Were you subject to the Federal Motor Carrier Safety			e previous employer? Yes No)
Was the previous job position designated as a safety substances testing requirements as required by 49 CF	sensitive function in any FR Part 40?	DOT regulated mode	e, subject to alcohol and controlled Yes No	0
TO BE R	EAD AND SIGNED E	BY APPLICANT		
I authorize you to make sure investigations and in related matters as may be necessary in arriving at be made only if and after a conditional offer of em care providers and other persons from all liability application.	an employment decisi ployment has been ext	ion. (Generally, inquestion.) I hereby re	uiries regarding medical history v lease employers, schools, health	will
In the event of employment, I understand that false or discharge. I understand, also, that I am required to ab				
"I understand that information I provide regarding curre contacted, for the purpose of investigating my safety p have the right to: Review information provided by current/previous Have errors in the information corrected by previous to the prospective employer; and Have a rebuttal statement attached to the alleged accuracy of the information."	employers; ous employers and for the	equired by 49 CFR 3	91.23(d) and (e). I understand that I	
DATE	,	APPLICANT'S	SIGNATURE	
This certifies that I completed this application, and that knowledge.	t all entries on it and info	ormation in it are true	and complete to the best of my	
DATE	-	APPLICANT'S	SIGNATURE	

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.