

· Applicants Name: \_\_\_\_\_  
· Interview Date: \_\_\_\_\_  
· Branch/Department: \_\_\_\_\_  
· Hire Date: \_\_\_\_\_

## *Double Check Company, Inc.*



# Application for Employment

### Instructions for Applicants:

✎ Please fill in all blanks on this application.

✎ If the question does not apply to you, fill in the blank with an "N/A" for "Not Applicable".

✎ We are an Equal Opportunity Employer: Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

✎ We are a drug-free and alcohol-free workplace and conduct regular random testing for illegal substances. If you abuse drugs or alcohol, don't even bother to apply.

# APPLICATION FOR EMPLOYMENT

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Last Name	First	Middle	Social Security #
Street Address (No PO Boxes)			Current Phone ( )
City, State, Zip			Emergency Phone ( )
At this address less than three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all addresses for the last three years on a separate sheet.			
Position Desired			Pay Rate Desired: Least Acceptable:
Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Available	When can you start?	
Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Available	Why part time employment?	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for overtime work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for out of town work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for this company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates:	
What department?		Why did you leave?	
Are you related to, or friends with, any employees of this company (past and present)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please name:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, how long since leaving employment?	
If currently employed, may we call? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Bonding Company:	

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Please circle highest level attained:			
Elementary 1 2 3 4 5 6 7 8	High School 9 10 11 12	GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and City of Last School Attended			
College 1 2 3 4 5 6	Technical School 1 2 3	Other 1 2 3	
Name and City of Last Post Secondary Education			
Degree/Major/Course of Study			
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give dates of service: From To	
Special skills or training:			

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Federal regulations and compliance reports require the following information in order to effectively and accurately report applicant statistics. Supplying this information is VOLUNTARY. This survey will be separated from the application and kept for reporting and documentation purposes only. Employment decisions will not be made based on the information provided in this section. This information will be kept strictly confidential.	
Last Name	
Position Applied For	Date
How did you hear about this job?	
Check one of the following: Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Between 40 and 65 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check if any of the following are applicable: Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/>	

**PLEASE READ THE FOLLOWING RELEASE BEFORE SIGNING THIS APPLICATION!**

I certify that the information provided in this application is accurate.

I understand that the withholding of information or the giving of false information, statements or implications on this application or on my resume will result in a refusal to hire, or in disciplinary action up to and including the termination of my employment. I authorize Double Check Company, Inc. to make an investigation of all information contained in this application for employment and hereby grant permission for this investigation. Additional information on this investigation may be found on the "CONSUMER DISCLOSURE AND AUTHORIZATION FORM", which is a stand-alone document included along with this application for employment. If I am applying for a position requiring a CDL (Commercial Drivers' License), I understand that I will also be subject to provisions of FMCSA Regulations §391.23 involving inquiries to past employers (see "INQUIRY TO PAST EMPLOYER FORM", which is a stand-alone document included along with this application for employment).

I hereby agree to submit to any drug and/or alcohol test that may be required of me whether prior to my employment or, if employed by this company, at any time thereafter. I agree that my proposed employment with Double Check Company, Inc. is conditional upon passing such drug and/or alcohol test. I agree to take a physical examination post job offer, and that employment will be conditional upon passing such examination as it relates to my ability to perform the functions outlined in my proposed job description. During my employment with Double Check Company, Inc., I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician.

I further understand that this is an application for employment and that no employment contract is being offered. I understand and agree that should I be offered employment by Double Check Company, Inc., it will be for an indefinite term and on an at-will basis. This means that either I, or the Company, may terminate the employment relationship at any time, with or without cause. I also understand that these and other terms, conditions, wages, and benefits of my employment will be governed by various policies and programs of the Company, in writing and otherwise, and that those policies, programs, conditions, wages and benefits may be changed from time to time by the Company at its discretion without affecting the "at will" nature of my employment.

Should I be offered employment, I agree that on or before my hire date, I will provide original documents to Double Check Company, Inc. which verify my identity and right to work under the Immigration Reform and Control Act of 1986 ("IRCA"). I also agree that Double Check Company, Inc. may provide photocopies of the form on which my identity and right to work is verified (the "I-9 Form") and any supporting documentation submitted by me to any person who, in connection with effecting compliance with IRCA, has a legitimate interest in the information contained therein.

**I HAVE READ THE ABOVE RELEASE PRIOR TO SIGNING THIS APPLICATION.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please mark **ALL** areas in which you have training and/or experience, regardless of the position you are applying for.

**SERVICE/REPAIR TRAINING AND EXPERIENCE**

	FORMAL TRAINING?	YRS EXPERIENCE
Drive Line Components	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diesel Engine Tune-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diesel Engine Rebuild	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Gas Engine Tune-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Gas Engine Rebuild	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tire Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Electronics	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

	FORMAL TRAINING?	YRS EXPERIENCE
Body Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Electrical Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Brakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cooling System	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Auto Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diagnostics	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**SHOP EQUIPMENT TRAINING AND EXPERIENCE**

	FORMAL TRAINING?	YRS EXPERIENCE
Electrical Diagnostic	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sheet Metal Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Paint Spray Gun	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Engine Rebuild Equip.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Diesel Injection Equip.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Oxyacetylene Welder	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Electric Welder	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Frame & Axle Strtng	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

	FORMAL TRAINING?	YRS EXPERIENCE
Tire Service Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tire Recapping Mold	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Magnetic Crack Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Engine Dynamometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Chassis Dynamometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Noise Measuring Equip.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Engine Analyzer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Smoke Measuring Equip.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Inspections/Car Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**PLATFORM/FORK TRUCK EXPERIENCE**

List types of platform experience and number of years each type: \_\_\_\_\_

\_\_\_\_\_

List platform equipment you can operate (lift truck, etc.): \_\_\_\_\_

\_\_\_\_\_

List courses or training in platform work: \_\_\_\_\_

\_\_\_\_\_

**OFFICE MACHINE TRAINING AND EXPERIENCE**

	FORMAL TRAINING?	YRS EXPERIENCE
Typing (wpm)_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Switchboard Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Calculator	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Copy Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Accounting	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Claims	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Purchasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
System Computing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
P.C. Computing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Software Experience (please list):		_____

	FORMAL TRAINING?	YRS EXPERIENCE
Dictating Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Adding Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
FAX Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Printers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cashier	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dispatching	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Type Computer System:		_____
Operating System:		_____

\_\_\_\_\_

**PETROLEUM EQUIPMENT TRAINING AND EXPERIENCE**

Dispensing Equipment: \_\_\_\_\_

\_\_\_\_\_

Other Equipment: (Including Construction): \_\_\_\_\_



## DISCLOSURE AND AUTHORIZATION FORM

Double Check Company, Inc., (the “Company”) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company as follows: Cheryl Ann Novick, HR Manager – Double Check Company, Inc., 4000 Raytown Road, Kansas City, MO 64129, (816) 921-5032. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

## ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

<b>California, Minnesota or Oklahoma applicants only</b> -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below. <input type="checkbox"/> I wish to receive a free copy of the report.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Applicant Last Name	First	Middle
Social Security No.*	Date of Birth*	
Present Address		
City/State/Zip		
Prior Addresses	From:	To:
	From:	To:
	From:	To:
Driver's License #		
Applicant Signature	Date	

*\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.*

*Para informacion en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580*

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - ❑ a person has taken adverse action against you because of information in your credit report;
  - ❑ you are the victim of identity theft and place a fraud alert in your file;
  - ❑ your file contains inaccurate information as a result of fraud;
  - ❑ you are on public assistance;
  - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051



# D.O.T. REQUIRED DATA

Answer the following questions only if applying for a position involving the driving of company vehicles.

The U.S. Department of Transportation requires that applicants state their date of birth and social security number under §391.21 (b) (2).

Date of Birth:

Social Security Number



The U.S. Department of Transportation requires that all applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR §391 Subpart E.

Date of last D.O.T. Physical Exam

The U.S. Department of Transportation grants a waiver under §391.49 pertaining to the loss of foot, leg, hand or arm. Have you ever been granted this waiver?     Yes     No

Answer the following questions only if applying for a position involving the driving of company vehicles.

**MOTOR VEHICLE OPERATOR'S LICENSES OR PERMITS HELD DURING LAST 3 YEARS** as required under U.S.D.O.T. §391.21 (b) (5).

State	Expiration Date	Type	License No.

Have you ever been denied a license, permit or privilege to operate a motor vehicle? (§391.21 (b) (9)).     Yes     No

Has any license, permit or privilege ever been suspended or revoked? (§391.21 (b) (9)).     Yes     No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?     Yes     No

If you answered "YES" to any of the above three questions, please attach a statement setting forth in detail the facts and circumstances relating to the action. (§391.21 (b) (9)).

**DRIVING EXPERIENCE** as required under U.S. D.O.T. §391.21 (b) (6).

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

List special courses or training that will help you as a driver: \_\_\_\_\_

List safe driving awards held and who issued by: \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 3 YEARS** as required under U.S. D.O.T. (§391.21 (b) (7)).

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last			
Second to Last			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS** as required under U.S. D.O.T. (§391.21 (b) (8)).

City & State	Date	Charge (other than parking violations)	Penalty

D O T R E Q U I R E D D A T A

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years preceding this three year period. §391.21 (b) (10), (11). To meet these requirements, and to standardize this form for all applicants in all positions, we ask that previous employment information be listed in the boxes below, **EVEN IF THIS INFORMATION IS ON YOUR RESUME.** We appreciate the extra effort.

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Company (Present or Last Employer)	Telephone Fax
Address	Employed From                      To
Name of Supervisor	Starting Pay Final Pay
Job Title/Job Description	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed:    Yes    No  
 Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No

Company (Second to Last Employer)	Telephone
Address	Employed From                      To
Name of Supervisor	Starting Pay Final Pay
Job Title/Job Description	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed:    Yes    No  
 Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No

Company (Third to Last)	Telephone
Address	Employed From                      To
Name of Supervisor	Starting Pay Final Pay
Job Title/Job Description	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed:    Yes    No  
 Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No

Company (Fourth to Last)	Telephone
Address	Employed From                      To
Name of Supervisor	Starting Pay Final Pay
Job Title/Job Description	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed:    Yes    No  
 Was this job designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No



