

Unemployed	From: _____	To: _____	To verify call: Name: _____	Phone #: _____
From: _____	To: _____	() Area Code — Phone #		
Name of Company _____		Your Job Classification _____		
Address of Company _____		Reason for Leaving _____		
City _____	State _____	Zip _____		
Accidents YES OR NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE				
Equipment Driven <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____		Miles Per Week _____		

Unemployed	From: _____	To: _____	To verify call: Name: _____	Phone #: _____
From: _____	To: _____	() Area Code — Phone #		
Name of Company _____		Your Job Classification _____		
Address of Company _____		Reason for Leaving _____		
City _____	State _____	Zip _____		
Accidents YES OR NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE				
Equipment Driven <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____		Miles Per Week _____		

Unemployed	From: _____	To: _____	To verify call: Name: _____	Phone #: _____
From: _____	To: _____	() Area Code — Phone #		
Name of Company _____		Your Job Classification _____		
Address of Company _____		Reason for Leaving _____		
City _____	State _____	Zip _____		
Accidents YES OR NO HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE				
Equipment Driven <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Other _____		Miles Per Week _____		

Alcohol & Controlled Substance Testing

	YES	NO
1. HAVE YOU TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST THREE YEARS?	* <input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU HAD AN ALCOHOL TEST WITH A BREATH ALCOHOL CONCENTRATION OF 0.04 OR GREATER IN THE LAST THREE YEARS?	* <input type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST THREE YEARS? (Including verified adulterated or substituted drug test results)	* <input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU COMMITTED OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TESTING?	* <input type="checkbox"/>	<input type="checkbox"/>
* If yes to any of the above questions please attach substance professional name, address, and phone # for further reference.		

HAVE YOU EVER BEEN CONVICTED OF DWI, DUI, CARELESS OR RECKLESS DRIVING, 15 MPH OVER THE POSTED SPEED LIMIT, LEAVING ACCIDENT SCENE, OR USING COMMERCIAL VEHICLE IN COMMISSION OF A FELONY? * (LIST ALL OFFENSES)

YES NO DATE _____ EXPLAIN _____

HAS YOUR LICENSE OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON?*

YES NO DATE _____ EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION?*

YES NO DATE _____ EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?*

YES NO DATE _____ EXPLAIN _____

LIST ALL DRIVERS LICENSES THAT YOU PRESENTLY HOLD OR HAVE HELD IN THE PAST.	CIRCLE ONE		LICENSE #	STATE	EXPIRATION DATE	ENDORSEMENTS
	POV	CMV				
	POV	CMV				
	POV	CMV				
	POV	CMV				

* Disclosure of this information does not necessarily disqualify you from consideration.