DRIVER APPLICATION FOR EMPLOYMENT



D Of Broome 233 N. Jensen Rd Vestal, NY 13850 □ Of Chemung 3269 S. Main St Horseheads, NY 14845 Converse COT 2700 2022

APPLICANT INFORMAT	ION							Corpo	orate Phone: 6	07-729-6233		
COMPANY				STREET	ADDF	RESS						
CITY, STATE AND ZIP												
(F	(FIRST)		(MIDDLE)			(Maiden Name, if		ne, if any)	if any) (LAST)			
ADDRESS	(STREET)								HOW LONG?			
		500				(STATE & ZIP CODE) HIRE DA						
		5001	AL SECUR	IT I NO						IE		
TELEPHONE NUMBER					E-MA	AIL ADD	RESS					
		F	PREVIOUS	THREE YE	ar r	ESIDE	NCY					
(STREET)		(CIT)	A				(STATE & ZIP_CODE)			YEARS		
(STREET)	STREET) (CIT)			(STATE & ZIF CODE)					
(STREET)		(CIT)	$\overline{)}$			(STATE & ZIP CODE)			# 10	# YEARS		
· · ·			, (2					# YEARS				
(STREET)		(CIT)	()			(ST	ATE & ZI	P CODE)	E)			
		(ATT	ACH SHEE	T IF MORE	SPA	CEISN	IEEDED)					
				INSE INFOR								
Section 383.21 driver's license"												
STATE		LIC	ENSE NO.			TYPE			EXF	EXPIRATION DATE		
L		1	DRI	VING EXPE		ICE						
CL	ASS OF		TYPE	OF EQUIP	MENT	DATES APPRO			APPROX.	NO. OF		
EQUIPMENT			(VAN, 1	(VAN, TANK, FLAT, ETC.)) FROM TO		то	MILES (TOTAL)		
STRAIGHT TRUCK												
TRACTOR AND SE	MI-TRAILER											
TRACTOR - TWO T	RAILERS											
OTHER												
ACCIDENT	RECORD FO	OR PAST 3 Y	EARS OR I	MORE (ATT	ACH	SHEET	IF MORE	E SPACE IS	NEEDED)			
DATES		NATURE OF ACCIDENT			NUMBER		NUMBER		CHEMICAL			
	(HEA	(HEAD- ON, REAR-END, UPSET,				FATALITIES		INJURIES		SPILLS		
										YES	NO	
										YES	NO	
										YES	NO	
TRAFFIC CONVI	CTIONS AND	FORFEITUR	RES FOR T	HE PAST 3	YEAF	RS (OT	HER THA	N PARKING	VIOLATIO	NS)		
TRAFFIC CONVICTIONS AND FORFEITURES DATE CONVICTED (month/year) VIOLATION			STATE OF VIOLATIO			TION PE		PEN	ALTY	or points)		
((

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	_NO
If yes, explain		
B. Has any license, permit or privilege ever been suspended or revoked?	YES	_NO
If yes, explain		

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstat three years. You must give the same information for the initial three years (total of ten years employment	or all employers you have record).	driven a commercial	motor vehicle for the seven year	
Must list the complete maili				
LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UN (MONTH/YEAR) AND REASON.	IEMPLOYMENT MUS	T BE EXPLAINED	D. INCLUDE DATES	
Were you subject to the Federal Motor Carrier Safety	/ Regulations (FMCSRs) wh	nile employed by the p	previous employer? Yes	No
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		OOT regulated mode,	subject to alcohol and controlled Yes	l No
SECOND LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UN (MONTH/YEAR) AND REASON.				
Were you subject to the Federal Motor Carrier Safety	/ Regulations (FMCSRs) wł	nile employed by the	previous employer? Yes	No
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		OOT regulated mode,	subject to alcohol and controlled Yes	l No
THIRD LAST EMPLOYER: NAME				
ADDRESS		PHONE		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UN (MONTH/YEAR) AND REASON.				
Were you subject to the Federal Motor Carrier Safety	/ Regulations (FMCSRs) wl	nile employed by the	previous employer? Yes	No
Was the previous job position designated as a safety substances testing requirements as required by 49 CF		OOT regulated mode,	subject to alcohol and controlled Yes	l No
TO BE	READ AND SIGNED	BY APPLICANT		
I authorize you to make sure investigations and i related matters as may be necessary in arriving a be made only if and after a conditional offer of en care providers and other persons from all liability application.	at an employment decision mployment has been externation of the second	on. (Generally, inqui ended.) I hereby rele	ries regarding medical history ase employers, schools, healt	will h
In the event of employment, I understand that false of discharge. I understand, also, that I am required to a				
 "I understand that information I provide regarding cur contacted, for the purpose of investigating my safety have the right to: Review information provided by current/previou Have errors in the information corrected by previou to the prospective employer; and Have a rebuttal statement attached to the allege accuracy of the information." 	performance history as re us employers; vious employers and for the	quired by 49 CFR 39	1.23(d) and (e). I understand tha	
DATE		APPLICANT'S	SIGNATURE	
This certifies that I completed this application, and th knowledge.	at all entries on it and info	rmation in it are true a	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.