## Performance Trucking Application for Employment

are considered for all positions without regard to race, religion, color, national origin, age, marital status, or non-job related disability. Please complete both pages of this application shoroughly, attach additional sheets if more room is required.  TO BE COMPLETED BY APPLICANT:  Name:  SSN:	Date of Application:					
Name:  Address:  DOB:  City, State, Zip  Phone:  Time at this Address:  Email:  PREVIOUS ADDRESSES FOR THE PAST 3 YEARS:  Street  City  State/Zip  How Long  LIST OF ALL UNEXPIRED DRIVERS LICENSES AND/OR PERMITS (Within the last 10 years):  State  License Number  Expiration Date  List all CDL Endorsements:  LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES	In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, national origin, age, marital status, or non-job related disability. Please complete both pages of this application thoroughly, attach additional sheets if more room is required.					
Address:  City, State, Zip  Phone:  Time at this Address:  Email:  PREVIOUS ADDRESSES FOR THE PAST 3 YEARS:  Street  City  State/Zip  How Long  LIST OF ALL UNEXPIRED DRIVERS LICENSES AND/OR PERMITS (Within the last 10 years):  State  License Number  Expiration Date  List all CDL Endorsements:  LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES	TO BE COMPLETED BY	/ APPLI	CANT:			
City, State, Zip  Time at this Address:  Email:  PREVIOUS ADDRESSES FOR THE PAST 3 YEARS:  Street  City  State/Zip  How Long  LIST OF ALL UNEXPIRED DRIVERS LICENSES AND/OR PERMITS (Within the last 10 years):  State  License Number  Expiration Date  List all CDL Endorsements:	Name:		SSN:			
Time at this Address:    Email:	Address:		DOB:			
PREVIOUS ADDRESSES FOR THE PAST 3 YEARS:  Street City State/Zip How Long  LIST OF ALL UNEXPIRED DRIVERS LICENSES AND/OR PERMITS (Within the last 10 years):  State License Number Expiration Date  List all CDL Endorsements:  LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES	City, State, Zip		Phone:			
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Street City State/Zip How Long  LIST OF ALL UNEXPIRED DRIVERS LICENSES AND/OR PERMITS (Within the last 10 years):  State License Number Expiration Date  List all CDL Endorsements:  LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES						
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State License Number Expiration Date  List all CDL Endorsements:  LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES	Street		City	State/Zip	)	How Long
State License Number Expiration Date  List all CDL Endorsements:  LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES						
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LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES	State License		Number Expiration D		Expiration Date	
LIST THE EXTENT OF EXPERIENCE OPERATING COMMERCIAL VEHICLES AND TYPES						
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	List all CDL Endorsements:					
Type of Vehicle or Combonation Experience (mos. / yrs.)	LIST THE EXTENT OF I	EXPERII	ENCE OPERATIN	NG COMMERCIA	L VEHIC	CLES AND TYPES
	Type of Vehicle or Combonation		Experience (mos. / yrs.)			

LIST ALL CONVICTED VIOLATIONS (other than parking) IN THE LAST 3 YEARS			
Date	City/State	Charge	Penalty
suspension of any Driv	and circumstances of a ver's License, Permit or t Results and/or refusals	Privilege to operate.	ation revocation or Include any Record Drug
EMPLOYMENT HISTOR	RY		
DOT 383.71 requires (7) years of previous employer history where you operated a Commercial vehicle, including addresses of previous employers, dates you were employed and the reason for leaving. Indicate if you were employed in a safety sensitive function, which is subject to Drug & Alcohol Testing; refer to 49 CFR Part 40.			
Employer Name:		From:	То:
Address:		Position:	

Were you subject to FMCSR while employed by this employer?

**Company Contact:** 

Phone:

Yes

Yes

Salary/wage:

Were you subject to "Safety Sensitive" Drug & Alcohol Testing under 49 CFR part 40?

Reason for Leaving:

Employer Name:		From:	То:
Address:		Position:	
		Salary/wage:	
Company Contact:		Reason for Leaving:	
Phone:			
□ Yes	Were you subject to "Safety Sensi	tive" Drug & Alcohol Testing	under 49 CFR part 40?
☐ Yes	Were you subject to FMCSR while employed by this employer?		
Employer Name:		From:	То:
Address:		Position:	
		Salary/wage:	
Company Contact:		Reason for Leaving:	
Phone:			
□ Yes	Were you subject to "Safety Sensi	tive" Drug & Alcohol Testing	under 49 CFR part 40?
☐ Yes	Were you subject to FMCSR while employed by this employer?		
Employer Name:		From:	То:
Employer Name: Address:		From: Position:	То:
			То:
		Position:	То:
Address:		Position: Salary/wage:	То:
Address:  Company Contact:	Were you subject to "Safety Sensi	Position: Salary/wage: Reason for Leaving:	
Address:  Company Contact:  Phone:	Were you subject to "Safety Sensi Were you subject to FMCSR while	Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing	under 49 CFR part 40?
Address:  Company Contact:  Phone:  Yes		Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing	under 49 CFR part 40?
Address:  Company Contact:  Phone:  Yes  Yes		Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing employed by this employer?	under 49 CFR part 40?
Address:  Company Contact: Phone:  Yes  Yes  Employer Name:		Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing employed by this employer? From:	under 49 CFR part 40?
Address:  Company Contact: Phone:  Yes  Yes  Employer Name:		Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing employed by this employer? From: Position:	under 49 CFR part 40?
Address:  Company Contact:  Phone:  Yes  Yes  Employer Name:  Address:		Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing employed by this employer? From: Position: Salary/wage:	under 49 CFR part 40?
Address:  Company Contact:  Phone:  Yes  Yes  Employer Name:  Address:  Company Contact:		Position: Salary/wage: Reason for Leaving: tive" Drug & Alcohol Testing employed by this employer? From: Position: Salary/wage: Reason for Leaving:	under 49 CFR part 40? To:

Employer Name:		From:	То:
Address:		Postion:	
		Salary/wage:	
Company Contact:		Reason for Leaving:	
Phone:			
□ Yes	Were you subject to "Safety Sensitive" Drug & Alcohol Testing under 49 CFR part 40?		
Yes	Were you subject to FMCSR while employed by this employer?		

OFFICE USE ONLY				
Applicant Hired	Start Date:	Authorized By:		
Rejected For Reasons Of:				
■ Terminated	■ Self-Terminated	■ Other		
Date:	Reason:			