

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.

Last Employer: Name: _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Second Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Third Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

Fourth Last Employer: Name _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason(s) for leaving _____

Subject to FMCSR's? Y N Subject to drug/alcohol testing requirements per 49 CFR Part 40? Y N

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

To be read and signed by Applicant

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Today's 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.