

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires that all applicants must list the names and addresses of their employers during the last 10 years, including dates of employment and reason for leaving the employer. Applicants must explain all gaps in employment.

****DO NOT LIST PAYROLL COMPANYS, LOCAL 399 OR CONTRACT SERVICES AS EMPLOYERS****

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes ___ No ___

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes ___ No ___

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes ___ No ___

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes ___ No ___

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes ___ No ___

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes _____ No _____

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes _____ No _____

NEXT PREVIOUS EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____
Were you subject to the FMCSRs while employed? Yes _____ No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? Yes _____ No _____

The Employee is required by Sec. 40.25 to respond to the following question:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: YES NO

TO BE READ AND SIGNED BY APPLICANT

The information contained in the above "Employment Record" may be used and your prior employers may be contacted for the purposes of investigating your background as required by the FMCSR. You have the right to review information provided by previous employers; you have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; you have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

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.

Date

Applicant's Signature

Printed Name

NOTE: A motor carrier may require applicant to provide information in addition to information required by the Federal Motor Carrier Safety Regulations.