



APPLICATION FOR EMPLOYMENT ADDITIONAL DOT REQUIRED INFORMATION

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

NAME _____
(First) (Middle) (Maiden Name) (Last)

DATE OF BIRTH _____ SSN _____ DRIVER'S LIC# _____

(1) DRIVER QUALIFICATIONS (ADD IN NOTES SECTION IF MORE SPACE IS NEEDED)

DRIVER'S LICENSES	DATE	LICENSE NO.	TYPE	DATE	

(2) DRIVING EXPERIENCE (ADD IN NOTES SECTION IF MORE SPACE IS NEEDED)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

(3) ACCIDENT RECORD FOR PAST 10 YEARS OR MORE (ADD IN NOTES SECTION IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

(4) TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) (ADD IN NOTES SECTION IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

(5) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
IF YES: EXPLAIN HERE _____

(6) Has any license, permit or privilege ever been suspended or revoked? YES NO
IF YES: EXPLAIN HERE _____

NOTES:

- (1) DRIVER'S LICENSES CONTINUED: _____
- (2) DRIVING EXPERIENCE CONTINUED: _____
- (3) ACCIDENT RECORD CONTINUED: _____
- (4) TRAFFIC CONVICTIONS CONTINUED: _____

(7) EMPLOYMENT RECORD (ADD IN NOTES SECTION IF MORE SPACE IS NEEDED)

NOTE: DOT requires that employment for at least 3 years and commercial driving experience for the past 10 years be shown.

CURRENT EMPLOYER:

NAME: _____

ADDRESS AND PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

WHAT DO YOU LIKE MOST ABOUT THIS JOB? _____

REASON FOR WANTING TO LEAVE? _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

LAST EMPLOYER:

NAME: _____

ADDRESS AND PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REASON FOR LEAVING? _____

SECOND LAST EMPLOYER:

NAME: _____

ADDRESS AND PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REASON FOR LEAVING? _____

THIRD LAST EMPLOYER:

NAME: _____

ADDRESS AND PHONE: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REASON FOR LEAVING? _____

NOTES:

(7) EMPLOYMENT RECORD CONTINUED: _____

I certify that this application was completed by me, the applicant, and that all entries on it and information in it are true and complete to the best of my knowledge. I am applying for a driving position and, per DOT regulation, my employment, driving record and personnel records must show that I am in full compliance or my employment will be terminated. I understand my rights to dispute any report I feel is incorrect. I also understand Vernon Steel's right to terminate my employment based on information received in their due diligence to comply with DOT regulation.

DATE _____ APPLICANT'S SIGNATURE: _____

OFFICE USE BELOW THIS LINE