

# 1. APPLICATION FOR EMPLOYMENT

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
 (FIRST) (MIDDLE) (MAIDEN, If any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS }	_____ HOW LONG? _____ (STREET) (CITY) (STATE & ZIP CODE)
	_____ HOW LONG? _____ (STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSES NO.	TYPE	EXPIRATION DATE

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				

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

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(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 \_\_\_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)**

NOTE: DOT Requires That Employment for a Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

SECOND EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it if are true and complete to the best of my knowledge.

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.

## 2. REQUEST FOR INFORMATION FROM THE PREVIOUS EMPLOYER

### FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: \_\_\_\_\_ (Print Clearly)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize you to release the following information to **Phillips County** for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The above named applicant has applied to this company for a position as \_\_\_\_\_

and states that he/she was employed by you as (position) \_\_\_\_\_

from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

**Phillips County**

Attn: Laura L Schroetlin

221 S Interoccean Ave, Holyoke, CO 80734

(T) 970-854-3778

(F) 970-854-3811

Email: [laura.schroetlin@phillipscounty.co](mailto:laura.schroetlin@phillipscounty.co)

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

#### Safety Performance History:

Did he/she drive a commercial motor vehicle for you?  Yes  No

If Yes, what type?  Straight Truck  Tractor-Semi trailer  Bus  
 Cargo Tank  Doubles/Triples  Other (specify)

Reason for leaving your company:  Discharged  Resignation  Lay Off  Military Duty

Check if there is no safety performance history to report, sign below and return.

**Accidents:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Keep a record of this request and the response for one year.

**\*\* Please Return to: Phillips County (F) 970-854-3811 \*\***

