



**Accident record for past three years (Driver including Hummer Guides)**

Dates	Nature of accident	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

**Traffic convictions (other than parking violations) and forfeitures for the past three years  
(Attach additional sheet if more space is needed)**

Location	Date	Charge	Penalty

- 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, revoked or denied? Yes\_\_\_\_ No\_\_\_\_  
If the answer to either A or B is yes, explain: (attach additional sheet if necessary)

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**Employment Record (attach additional sheet(s) or resume if more space is needed)**

\*\*If you are applying for a position that requires a CDL you will need to list all employment where you operated vehicles requiring a CDL for the past **ten** years.

Last employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)

Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_

\*\*Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes\_\_\_\_ No\_\_\_\_

\*\*Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes\_\_\_\_ No\_\_\_\_

Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)

Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_

\*\*Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes\_\_\_\_ No\_\_\_\_

\*\*Were you subject to controlled substance & alcohol testing under 49 CFR Parts 40/382 while employed here? Yes\_\_\_\_ No\_\_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
\*\*Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
\*\*Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
\*\*Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
\*\*Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
\*\*Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates: \_\_\_\_\_  
(from) (to)  
Salary \_\_\_\_\_ Reasons for leaving \_\_\_\_\_  
\*\*Was this employer subject to Federal (or PUC) Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_  
\*\*Were you subject to controlled substance & alcohol testing under 49 CFR  
Parts 40/382 while employed here? Yes \_\_\_ No \_\_\_

**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.

(Date) \_\_\_\_\_ (Applicant's signature) \_\_\_\_\_

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