



Please complete this addendum application to go with the general employment application. This additional information is needed in order to consider you for a position as a Commercial (CDL) Driver.

APPLICANT			
First	Last	MI	Date
RESIDENCY – MOST RECENT FIRST			
Current Residence	Address		
From	To		
Previous	Address		
From	To		
Current Residence	Address		
From	To		
Previous	Address		
From	To		

ADD'L EMPLOYMENT HISTORY IF NEEDED– 7 YEARS EMPLOYMENT HISTORY NEEDED – USE SPACE BELOW IF PAGE 1 NOT ENOUGH							
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Please list the Employers where you were subject to FMCRs* while employed:

Please list the Employers where your job was designated a safety sensitive function in any DOT – regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40:

*The Federal Motor Carrier Safety Regulations (FMCRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING EXPERIENCE										
CIRCLE CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT					DATES FROM (M/Y) TO (M/Y)		APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK	YES	NO	VAN,	TANK,	FLAT,	DUMP,	REFER			
TRACTOR & SEMI TRAILER	YES	NO	VAN,	TANK,	FLAT,	DUMP,	REFER			
TRACTOR – TWO TRAILERS	YES	NO	VAN,	TANK,	FLAT,	DUMP,	REFER			
TRACTOR – THREE TRAILERS	YES	NO	VAN,	TANK,	FLAT,	DUMP,	REFER			
MOTOR COACH – SCHOOL BUS (MORE THAN 8 PASSENGERS)	YES	NO	---							
MOTOR COACH – SCHOOL BUS (MORE THAN 15 PASSENGERS)	YES	NO	---							

List states operated in, for the last 5 years: _____

List any special driving courses or training as a driver: _____

List any Safe Driving Awards you hold and from whom: _____

ACCIDENT RECORD				
Date of Accident	Nature of Accident (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People injured

TRAFFIC CONVICTIONS AND FORFEITURES FOR LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Date	Location	Charge	Penalty

DRIVER'L LICENSE (LIST EACH DRIVERS LICENSE HELD IN LAST 3 YEARS)				
State	License #	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either above questions is yes, give details: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT ALL THE INFORMATION ON THIS ADDENDUM FALLS UNDER THE SAME STATEMENTS AS LISTED ON GENERAL EMPLOYMENT APPLICATION.

Signature of applicant _____ Date ____/____/____

Print Name _____