



50 Mystic Avenue
Medford, MA 02155



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Accident Record for past 3 years. **If no accidents within the last 3 years – check here:**

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions & Forfeitures for past 3 years (other than parking violations).
If no traffic convictions and/or forfeitures within the last 3 years – check here:

LOCATION	VEHICLE TYPE	DATE	CHARGE	PENALTY

Driver License Information – Section 383.21 FMCSR states, “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”

I certify that I do not have more than one motor vehicle license. My current license information is below:

PHONE: (708) 333.7300 | FAX: (708)333.7324

Full Name: _____ SS#: _____
Last First M.I.

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	STATUS

- 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, GIVE DETAILS: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment History

Commercial Drivers applying at xxx must provide the last 10 years of employment history.

All gaps in employment of 30 days or more must be explained. You are required to list the complete mailing address: street number, city, state, zip code, and phone number including area code. **Please list employers in reverse order starting with the most recent.**

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to the FMCSR's 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 49 CFR part 40? Yes No

May we contact your previous supervisor for a reference? YES NO

Full Name: _____ SS#: _____
Last First M.I.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to the FMCSR's 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 49 CFR part 40? Yes No

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to the FMCSR's 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 49 CFR part 40? Yes No

May we contact your previous supervisor for a reference? YES NO

Driving Experience

CLASS OF EQUIPMENT (Check Yes or No)	TYPE OF EQUIPMENT (Circle)	DATES	APPROXIMATE NO. OF TOTAL MILES
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 7 passengers		
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 15 passengers		
Other:			

Full Name: _____ SS#: _____
Last First M.I.

LIST STATES OPERATED IN FOR LAST 5 YEARS.

Experience & Qualifications - Other

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN THIS WORK.

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN).

Personal References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

TO BE READ AND SIGNED BY APPLICANT

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____