

COMPANY NAME: _____ DRIVER NAME: _____

EMPLOYMENT RECORD

**Must go back 3 years for all employers, 10 years for driving jobs.*

LAST EMPLOYER _____

ADDRESS _____

PHONE _____ EMAIL _____ FAX _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer?

YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

YES NO

2ND TO LAST EMPLOYER _____

ADDRESS _____

PHONE _____ EMAIL _____ FAX _____

POSITION HELD _____ FROM _____ TO _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer?

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

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