



DEFEO EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS:

Street Address Apt/Suite: _____

City State Zip Code: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL EMPLOYMENT

ELIGIBILITY ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO *IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DIPLOMA:

COLLEGE: _____ CITY / STATE: _____ FROM: _____ TO:

_____ GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____ Page 2 of 4 FROM:

_____ TO: _____ DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual E-MAIL: _____ PHONE: _____

ADDRESS: _____ Street Address Apt/Suite
_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____ FROM:
_____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

Company / Individual E-MAIL: _____ PHONE: _____

ADDRESS: _____ Street Address Apt/Suite
_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____ FROM:
_____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____

Company / Individual E-MAIL: _____ PHONE: _____

ADDRESS: _____ Street Address Apt/Suite
_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____ FROM:
_____ TO: _____

REASON FOR LEAVING: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO BRANCH: _____

RANK AT DISCHARGE: _____ FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

PREVIOUSLY HELD LICENSES

STATE LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS	TYPE OF EQUIPMENT	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

Driver accident record for past 3 years (Attach more if necessary)

	Date	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries	Chemical spills (Y/N)
Last Accident					
Previous					
Previous					

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

Attach additional sheet if more space is needed. Check this box if none DATE CONVICTED (Month/Year)

Date	Violation	State	Penalty

VIOLATION STATE OF VIOLATION PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain _____

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

If yes, explain _____

To be read and signed by applicant

I, _____ authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23.

I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

SIGNATURE _____

DATE _____

PRINT NAME _____