

APPLICATION FOR EMPLOYMENT

Company: (A517) ADMV Logistics Inc

Reviewed By:

Address: 809 Hardwood Dr

Title:

City,State,Zip: McKinney, TX 75069

Date:

TO BE READ AND SIGNED BY APPLICANT

I have been advised of and understand the following: (1) In the event of employment, false or misleading information given in my application or interview(s) may result in discharge; (2) I am required to abide by all rules and regulations of the Company; (3) The information I provide regarding current and/or previous employer(s) 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(d) and (e); and (4) I have the right to: (i) review information provided by previous employers; (ii) have errors corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and (iii) 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. Additional information on this subject can be found in Title 49 CFR 391.23(h) through 391.23(l).

APPLICANT'S SIGNATURE

DATE

NAME FIRST MIDDLE LAST TELEPHONE

ADDRESS STREET CITY STATE ZIP HOW LONG?

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 3 YEARS:

ADDRESS STREET CITY STATE ZIP HOW LONG?

ADDRESS STREET CITY STATE ZIP HOW LONG?
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Date of Birth: Social Security Number:

Are you registered with the FMCSA Drug and Alcohol Clearinghouse? ☐ Yes ☐ No

DRIVER LICENSES HELD (PAST 3 YEARS)

LICENSE NUMBER	TYPE	STATE	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 QUESTION IS "YES", YOU MUST PROVIDE A WRITTEN STATEMENT GIVING THE DETAILS:

TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

DATE	LOCATION	CHARGE	PENALTY

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (use additional sheet if necessary)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES	FATALITIES

EXPERIENCE AND QUALIFICATIONS OF DRIVER					
CLASS OF EQUIPMENT (CHECK YES OR NO)	CIRCLE TYPE OF EQUIPMENT	DATES		APPROXIMATE TOTAL MILES	
		FROM (M/Y)	TO (M/Y)		
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(van, tank, flat, dump, refer)				
Tractor/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)				
Bus/School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No					
Entry Level Driver Training (less than one year experience)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification:		
Longer Combination Vehicle (LCV) Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification:		

EMPLOYMENT HISTORY	
NOTE: THE REGULATIONS REQUIRE THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN. THE PREVIOUS EMPLOYERS MAY BE CONTACTED AS PART OF THE HIRING PROCESS.	
• Did you go to truck driving school; living or working out of the country; unemployed within the previous 3 years? This must be documented.	

NAME:	FROM MO: YR:	TO: MO: YR:
ADDRESS:	POSITION HELD:	
CITY: STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON: PHONE:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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ATTACH ADDITIONAL SHEET(S) IF NECESSARY

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 CORRECT TO THE BEST OF MY KNOWLEDGE:	
<hr/> APPLICANT'S SIGNATURE	<hr/> DATE

EMPLOYMENT HISTORY (cont.)

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APPLICANT NAME: _____

DATE: _____

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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (I.E., COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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