

TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS

LOCATION DATE OFFENSE PENALTY COMMERCIAL VEHICLE OR AUTOMOBILE

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED 7 8 9 10 11 12 COLLEGE 1 2 3 4

OTHER TRAINING _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES / NO

ARE YOU NOW EMPLOYED? YES / NO WHEN WILL YOU BE AVAILABLE? _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? YES / NO

EMPLOYMENT HISTORY FOR PAST 10 YEARS – NO GAPS!

HAVE YOU WORKED FOR INTERSTATE TOWING SERVICES / DEAN'S TOWING BEFORE? YES / NO

IF YES – START DATE _____ END DATE _____ POSITION _____

REASON FOR LEAVING _____

LAST EMPLOYER _____ PHONE _____

ADDRESS _____

START DATE _____ END _____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

Were you subject to the FMCSRs while employed here? 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

2nd LAST EMPLOYER _____ PHONE _____

ADDRESS _____

START DATE _____ END _____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

Were you subject to the FMCSRs while employed here? 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

3rd LAST EMPLOYER _____ PHONE _____

ADDRESS _____

START DATE _____ END _____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

Were you subject to the FMCSRs while employed here? 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

4th LAST EMPLOYER _____ PHONE _____

ADDRESS _____

START DATE _____ END _____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

Were you subject to the FMCSRs while employed here? 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

5th LAST EMPLOYER _____ PHONE _____

ADDRESS _____

START DATE _____ END _____ POSITION _____ SUPERVISOR _____

REASON FOR LEAVING _____

Were you subject to the *FMCSRs while employed here? 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

