

ABC Company
123 North Main Street
Anywhere USA 12345
999-123-4567
Fax: 999-765-4321

DOT Compliant Employment Application Form

To the applicant: The information below is required by Department of Transportation (DOT) regulations section 391.23. We may investigate all the information provided below and contact your previous employers for the purpose of evaluating your application..

GENERAL

Name _____ Social Security No. _____
Last First Middle

Address _____ Phone No. _____
Number and Street

_____ Daytime No. _____
City State Zip Code

Please list all other addresses where you have resided during the last three years:

Address: _____

Address: _____

Address: _____

Date of Birth: _____

Veteran of U.S. Military? Yes ___ No ___

If so which branch? _____

Was your discharge other than honorable? Yes ___ No ___

Do you have a Commercial Motor Vehicle License (CMV)? Yes ___ No ___

Do you have more than one (1) CMV License? Yes ___ No ___

Please list issuing state, license number and expiration date of each **expired** CMV license or permit you have been issued:

Education

School name and location _____

Years completed / degree _____

Course of study _____

List any training courses, apprenticeships, internships or skills acquired:

What languages do you speak? _____

EMPLOYMENT HISTORY

Please list each employer you have worked for during the last three years. List the most recent (or present) employer first.

| | | | |
|--------------------------------|----------------------|--------------|--------------------|
| Employer | Type of business | Address | Phone Number |
| Start date | Leave date | Final Salary | Reason for leaving |
| Job Title | Supervisor and title | | |
| Description of job and duties: | | | |

| | | | |
|--------------------------------|----------------------|--------------|--------------------|
| Employer | Type of business | Address | Phone Number |
| Start date | Leave date | Final Salary | Reason for leaving |
| Job Title | Supervisor and title | | |
| Description of job and duties: | | | |

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|--------------------------------|----------------------|--------------|--------------------|
| Employer | Type of business | Address | Phone Number |
| Start date | Leave date | Final Salary | Reason for leaving |
| Job Title | Supervisor and title | | |
| Description of job and duties: | | | |

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|--------------------------------|----------------------|--------------|--------------------|
| Employer | Type of business | Address | Phone Number |
| Start date | Leave date | Final Salary | Reason for leaving |
| Job Title | Supervisor and title | | |
| Description of job and duties: | | | |

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|--------------------------------|----------------------|--------------|--------------------|
| Employer | Type of business | Address | Phone Number |
| Start date | Leave date | Final Salary | Reason for leaving |
| Job Title | Supervisor and title | | |
| Description of job and duties: | | | |

(If you need additional space please continue on another sheet of paper.)

If you are applying for a position to operate a Commercial Motor Vehicle (CMV), please list all employers for whom you have operated a CMV in the seven years previous to the above.

| Employer | Type of business | Address |
|------------|------------------|--------------------|
| Start date | Leave date | Reason for leaving |

| Employer | Type of business | Address |
|------------|------------------|--------------------|
| Start date | Leave date | Reason for leaving |

| Employer | Type of business | Address |
|------------|------------------|--------------------|
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|------------|------------------|--------------------|
| Start date | Leave date | Reason for leaving |

| Employer | Type of business | Address |
|------------|------------------|--------------------|
| Start date | Leave date | Reason for leaving |

(If you need additional space, please continue on a separate sheet of paper)

Please list your experience in the operation of motor vehicles, including the type of equipment, (such as buses, trucks, truck tractors, semi-trailers, full trailers and pole trailers) and the length of experience on each.

(If you need additional space continue on a separate sheet of paper.)

Please list all motor vehicle accidents in which you were involved during the last three years:

Date: _____

Nature of accident: _____

Personal injuries and/or fatalities: _____

Date: _____

Nature of accident: _____

Personal injuries and/or fatalities: _____

Date: _____

Nature of accident: _____

Personal injuries and/or fatalities: _____

Please list all violations of motor vehicle laws or ordinances (other than just for parking) of which you were convicted or forfeited a bond or collateral during the last three years:

If you have ever been denied or had revoked or suspended, any license, permit or privilege to operate a motor vehicle please list the facts and details

If not, please state that no such denial, revocation or suspension has occurred.

I do certify that this application was completed by me and that all entries on it and information contained in it are true and complete to the best of my knowledge.

Signature

Date