

TEN-YEAR EMPLOYMENT HISTORY

(There must be no gaps in employment history more than 30-days)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an addition seven years information on those employers for whom the applicant operated such vehicle.

List in reverse order starting with most recent. Include all gaps in dates by indicating if you were unemployed, etc. in the lines between employers. Add another sheet if necessary

Employer			Date	
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? **Yes or 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 or No**

Employer			Date	
Name	From Mo. Yr.		To Mo. Yr.	
Address			Position Held	
City	State	Zip	Salary/wage	
Contact Person	Phone #:		Reason for Leaving	

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Address			Position Held	
City	State	Zip	Salary/wage	
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Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes or 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 or No**

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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ACCIDENT RECORD

Accident Record for past 3 years or more (attach sheet if more space is needed) If there is none, simply write "none" in the spaces provided. This information should match what is on your most current MVR.

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High school 1 2 3 4 College 1 2 3 4

Last school attended _____
Name City

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver Licenses
 (List the last three years of driver license information)

State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
 Yes _____ No _____
- B. Has any license, permit, or privilege ever been suspended or revoked?
 Yes _____ No _____
- If the answer to either A or B is yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, truck, flat, etc.)	Dates From	To	Approx. Total number of miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Motorcoach-School Bus				
Other				

List States operated in for last five years _____

Show special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS (OTHER)

Show any trucking, transportation, or other experiences that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

List any alcohol or drug history that you are aware of in your past

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 complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or 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 understand, also, that I am required to abide by all rules and regulations of Liberty Transportation, Inc.

_____ Date

_____ Applicant's signature

PROCESS RECORD

Applicant Hired _____ Rejected _____
 Date Employed _____ Point Employed _____
 Department _____ Classification _____

This section to be filled in by responsible officer or company representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past employment						
4. Written exam						
5. Road Test						
6. Criminal and Traffic Convictions						

Signature of interviewing officer _____

TRANSFERS

From: _____ To: _____
 Date: _____
 Reason for Transfer: _____

From: _____ To: _____
 Date: _____
 Reason for Transfer: _____

TERMINATION OF LEASE

Date Terminated: _____
 Dismissed: _____ Voluntarily quit: _____ Other: _____
 Termination report placed in file: _____ Supervisor: _____