



PLEASE EMAIL COMPLETED APPLICATION TO: robert_jacotow@yahoo.com

Application for Employment

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ How long have you lived there? _____

Date of Birth: _____ Social Security Number: _____

Address for the past three years:

Street Address: _____ City: _____ State: _____

Zip Code: _____ How long? _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ How long? _____

Driver Experience & Qualifications

(Attach sheet if additional space is required)

Type	State	License No.	Class	Expiration Date
Driver License				

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx.No.Of Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor-Two Trailers				
Other				



Accident Record for Past Three Years or More

	Dates	Nature of Accident	Fatalities	Injuries
Last Accident				
Previous Accident				
Previous Accident				

Traffic Convictions and Forfeitures for the Past Three Years (Other than Parking Violations)

Locations	Dates	Charge	Penalty

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____
2. Has any license, permit or privilege ever been suspended or revoked?
Yes _____ No _____

IF THE ANSWER TO EITHER 1 OR 2 IS YES, ATTACH A SHEET GIVING DETAILS

If you have any notes or comments you would like for us to know, please utilize this space.



Employment Record

Please include the employment history for at least a 3-year period preceding this application that includes the current employer.

Each employer must have the complete mailing address: street number and name, city, state, and zip code.

(Attach sheet if additional space is needed)

Current or last employer: Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Position held: _____

Salary: _____ From: _____ To: _____

Reason for leaving: _____

Second last employer: Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Position held: _____

Salary: _____ From: _____ To: _____

Reason for leaving: _____

Third last employer: Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Position held: _____

Salary: _____ From: _____ To: _____

Reason for leaving: _____



To Be Read and Signed by Applicant

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 the Company.

“I understand that information I provide regarding current and/or previous 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(d) and (e). 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 re-send 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.”

Date: _____ **Applicants Signature:** _____

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

Date: _____ **Applicants Signature:** _____

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