

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B. Has any license, permit or privilege ever been revoked?	[] Yes [] No
If yes attach statement giving details.	
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing? [] Yes [] No	

EMPLOYMENT RECORD <i>All for past 3 years and Commercial Driving Experience for the past 10 years</i>
Last Employer: _____ Position held: _____ From: _____ To _____ Address: _____ City: _____ ST: _____ Telephone #: _____ Reason For Leaving: _____ Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes _____ No _____ Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes _____ No _____
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This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature DATE

DRIVER APPLICATION ADENDUM

RESIDENCE

Address:				
City:	St.	Zip	How Long?	
Address:				
City:	St.	Zip	How Long?	
Address:				
City:	St.	Zip	How Long?	

EMPLOYMENT

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