

# Commercial Driver's Supplement to Application for Employment

(Answer all questions - please print)



If the job for which you are applying requires that you have a current, valid, commercial driver's license (CDL), complete this two-page supplement to your employment application.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_  
 Full name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past three years.

Current address \_\_\_\_\_  
Street City

\_\_\_\_\_ How Long? \_\_\_\_\_  
State City State & Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
State City State & Zip Code

\_\_\_\_\_ How Long? \_\_\_\_\_  
State City State & Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

## Employment History

All applicants for any job which requires driving a commercial motor vehicle\* in intrastate or interstate commerce must provide the following information on all employees during the preceding 10 years. List complete mailing address, street number, city, state, and zip code. Note: List only additional employers not already listed on application form.

Employer			Date			
Name			From Mo.	Yr.	To Mo.	Yr.
Address			Position held			
City	State	Zip	Salary/Wage			
Contact Person	Phone No.		Reason for Leaving			

Employer			Date			
Name			From Mo.	Yr.	To Mo.	Yr.
Address			Position held			
City	State	Zip	Salary/Wage			
Contact Person	Phone No.		Reason for Leaving			

Employer			Date			
Name			From Mo.	Yr.	To Mo.	Yr.
Address			Position held			
City	State	Zip	Salary/Wage			
Contact Person	Phone No.		Reason for Leaving			

\*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.

Accident record for past three years or more (attach sheet if more space is needed) if none, write none.

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

Traffic convictions and forfeitures for the past 3 years (Other than parking violations) If none, write none.

Location	Date	Charge	Penalty

(Attach sheet if more space is needed.)

**Experience and Qualifications - Driver**


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 statement giving details.***

**Driving Experience** If none, write none.