

EMPLOYMENT RECORD

(note: D.O.T. requires that employment for at least 10 years be shown)
attach additional sheet if necessary

Current Employer NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASON FOR LEAVING: _____

Previous Employer: NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASON FOR LEAVING: _____

2nd Previous Employer: NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASON FOR LEAVING: _____

3rd Previous Employer: NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASON FOR LEAVING: _____

4th Previous Employer: NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASON FOR LEAVING: _____

5th Previous Employer: NAME: _____ **PHONE:** _____
ADDRESS: _____
POSITION HELD: _____ **FROM:** _____ **TO:** _____ **SALARY:** _____
REASON FOR LEAVING: _____

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 Address

GENERAL

Have you ever been convicted of a felony? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses held in past 3 years must be show	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____
- C. Have you ever been disqualified subject o section 391.15 of the Federal Motor Carrier Safety Regulations? Yes____ No____

If the answer to either A, B, or C is Yes, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
Straight Truck				
Tractor/Semi Trailer				
Twin Trailers (Pups)				
Other				

List States operated in for the past 5 years? _____

List special courses or training that will help you as a driver _____

List safe driving awards that you hold and from whom _____

ACCIDENT REVIEW FOR PAST 10 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the lessor or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases lessor and persons named herein from all liability for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my qualification file.

It is agreed and understood that this application for lease in no way obligates the lessor to lease to me and it is understood that if approved, I may be on a probationary period during which I may be discharged without recourse.

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

Date

Applicant's Signature

ADDITIONAL EMPLOYMENT RECORD INFORMATION

(note: D.O.T. requires that employment for at least 10 years be shown)

SIXTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____

SEVENTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____

EIGHTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____

NINTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____

TENTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____

ELEVENTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____

TWELFTH LAST EMPLOYER: NAME: _____ PHONE: _____
ADDRESS: _____
POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING: _____



6311 Stoner Dr. Greenfield, In 46140
Office: 866-543-1234 Fax: 317-891-6183
http://onlinetransport.com

Applicant: _____ Social Security #: _____

D.O.B. _____

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of all my Employment records and DOT regulated drug and alcohol testing records by the DOT-regulated employer listed below. I understand that information/documents released pursuant to this regulation is limited to the following DOT-regulated testing including pre-employment testing results occurring during the previous three(3) years: (i) alcohol test with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including adulterated and/or substituted tests). In order to enable Online Transport Inc. to comply with the requirements of 49CFR 382.413, Part 390, 40, 40.321 (b) & 382, I hereby authorize you to release all records regarding my employment and DOT regulated drug and alcohol testing and hereby release all previous employers from any and all liability which may result from furnishing such information. I also acknowledge that this information will be used in determining my eligibility to be hired and that I have a right to review this information and rebut any errors in these statements from my previous employers as described in FMCSR Part 391.23.

Date: ____/____/____ APPLICANT SIGN HERE: _____

APPLICANTS DO NOT WRITE BELOW THIS LINE

Company: _____ Phone #: _____

Driver was qualified under Federal Department of Transportation as:

Table with 5 columns: Type of work, Team Driver, Equipment Operated, Areas Driven, Commodities. Rows include Company Driver, Driver for OVO, Owner Operator, 1st seat, 2nd seat, Tractor Trailer, Straight Truck, Dry Van, and Other.

Full Time () Part Time ()

Dates of Employment: _____ To _____
Additional dates: _____ To _____

During the employment period indicated above, company records indicate that this individual was involved in

accidents, of which _____ were found to be preventable, per FMCSR 390.5

P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y/N

P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y/N

P() NP() Date: _____ Location: _____ Type: _____ Injuries or Fatalities? Y/N

Was any hazardous material released on the above accidents? Y/N

Did the above individual have any late pick-ups\deliveries? () YES () NO How many? _____

Did the above individual have any log Problems? () YES () NO What type: _____

Did the above individual have any Customer Complaints? _____

Did the individual leave? () Voluntary () Involuntary If so, why? _____

Eligible for rehire? () YES () upon review () NO If so, why? _____

Workman's Comp Claims? () YES () NO If yes, what type?: _____

In compliance with Federal DOT Regulations 49 C.F.R. Sections 40.25,382.405, & 382.413:

____The above individual was NOT in your employee during the past 3 years as prescribed by Federal DOT Regulations.

____As per Federal DOT Regulations, the above individual tested as follows during the previous three years:

- a. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three years? () YES () NO
b. Has this individual had a controlled substance test with a positive result in the past 3 years? () YES () NO
c. Has this individual refused a controlled substance test and/or alcohol within the past 3 years? () YES () NO
d. Has this individual ever had an adulterated or substituted drug test verified? () YES () NO
e. Has this individual ever violated any other Federal Motor Carrier Safety Admin. Drug or alcohol regulations? () YES () NO
f. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? () YES () NO

Verified by: _____ Title _____ Date _____

Online Representative: _____ Date: _____