

Southwest Truck Service

Company Name: Southwest Truck Service
50 Pine Street, Watsonville CA. 95076

Application Date _____

Home Phone _____

Name _____
Last Name First Middle Social Security Date of Birth

Address _____
Street City State Zip How Long _____

Past 3 Years _____
How Long _____

Residency _____
Street City State Zip How Long _____

Street City State Zip

Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. You must give the same information for all employers for whom you have driven a commercial vehicle 7 years prior to the initial 3 years (total of ten year employment record). Any gaps in employment must be explained.

You are required to list the complete mailing address: street number, city, state, and zip code.

LAST EMPLOYER: Name _____
Address _____ Phone _____
Position Held _____ From _____ To _____
Reason for Leaving _____ (month/year) (month/year)

SECOND LAST EMPLOYER:
Name _____
Address _____ Phone _____
Position Held _____ From _____ To _____
Reason for Leaving _____ (month/year) (month/year)

THIRD LAST EMPLOYER: Name _____
Address _____ Phone _____
Position Held _____ From _____ To _____
Reason for Leaving _____ (month/year) (month/year)

EMPLOYER: _____
Address _____ Phone _____
Position Held _____ From _____ To _____
Reason for Leaving _____ (month/year) (month/year)

EMPLOYER: _____
Address _____ Phone _____
Position Held _____ From _____ To _____
Reason for Leaving _____ (month/year) (month/year)

EMPLOYER: _____
Address _____ Phone _____
Position Held _____ From _____ To _____
Reason for Leaving _____ (month/year) (month/year)

(Check One)

Are you currently working for another employer? Yes No

At this time, do you intend to work for another employer while Yes No

Still employed by this company?

Driving Experience

Attach sheet if more space is needed.

Accident History 3 Years

If none, write the word "none".

Dates	Nature of Accident (head on, rear-end etc.)	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures (3 years)

If none, write the word "none". (Do not include parking violations).

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience

If none, write the word "none".

Class of Equip.	Type of Equip.	Dates	Approx. total miles
Straight Truck _____	_____	_____ to _____	_____
Tractor & Semi-Trailer _____	_____	_____ to _____	_____
Tractor-Two Trailers _____	_____	_____ to _____	_____
Other _____	_____	_____ to _____	_____

License Information

Un-expired License

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____	_____ / _____	_____	_____
State	License Number	Type	Exp. Date	Signature	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 suspended or revoked?

Yes _____ No _____

If the answer to "A" or "B" is yes, give details. _____

Applicant Certification

This certifies that:

- This application was completed by me and that all entries on it and information are true and complete to the best of my knowledge.
- I only have one motor vehicle operator's license. I authorize you to obtain information regarding my previous employment and my driving record as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Driver's Signature

Date