



8454 Wellington Road | Manassas, VA 20109

# APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
(NAME) (PHONE NUMBER)

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE) # YEARS

\_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE) # YEARS

\_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE) # YEARS

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's 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	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES:		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

DATE CONVICTED (m/y)	VIOLATION	STATE OF VIOLATION/ LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain \_\_\_\_\_