

BROWN'S OIL SERVICE

Truck Driver Application for Employment

NAME:	First	Middle	Last
	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS:	Street, City, State & Zip Code	HOW LONG?	<input type="text"/>
----------	--------------------------------	-----------	----------------------

DOB:	<input type="text"/>	SOCIAL SEC NO:	<input type="text"/>
------	----------------------	----------------	----------------------

PHONE:	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>
--------	----------------------	----------------	----------------------

PREVIOUS THREE YEARS RESIDENCY (Street, City, State & Zip Code)

ADDRESS	<input type="text"/>	# YEARS	<input type="text"/>
ADDRESS	<input type="text"/>	# YEARS	<input type="text"/>
ADDRESS	<input type="text"/>	# YEARS	<input type="text"/>

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 NO	TYPE	EXPIRATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVING EXPERIENCE

EQUIPMENT CLASS	EQUIPMENT TYPE	START/STOP DATES	MILES DRIVEN
STRAIGHT TRUCK	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRACTOR AND TRAILER	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOUBLES	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DATE	NATURE OF ACCIDENT	# FATALITIES	# INJURIES	SPILL Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DATE CONVICTED	VIOLATION	STATE	PENALTY/POINTS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="text"/>
If yes, explain	<input type="text"/>

B. Has any license, permit or privilege ever been suspended or revoked?

If yes, explain

EMPLOYMENT RECORDS

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

LAST EMPLOYER

NAME:

PHONE:

ADDRESS:

POSITION HELD:

FROM:

TO:

REASONS FOR LEAVING

PREVIOUS SALARY:

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Y/N

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Y/N

SECOND TO LAST EMPLOYER

NAME:

PHONE:

ADDRESS:

POSITION HELD:

FROM:

TO:

REASONS FOR LEAVING

PREVIOUS SALARY:

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Y/N

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Y/N

THIRD TO LAST EMPLOYER

NAME:		PHONE:	
-------	--	--------	--

ADDRESS:	
----------	--

POSITION HELD:		FROM:		TO:	
----------------	--	-------	--	-----	--

REASONS FOR LEAVING	
---------------------	--

PREVIOUS SALARY:	
------------------	--

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED INCLUDE DATES (MONTH/YEAR) AND REASON.	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Y/N	
--	--

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Y/N	
---	--

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company

"I understand that Information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- 1) Review information provided by current/previous employers;
- 2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 3) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

APPLICANT'S SIGNATURE		DATE	
-----------------------	--	------	--

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.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE		DATE	
-----------------------	--	------	--