

Has your licenses been revoked, suspended, or restricted

Yes _____ No _____

If yes, explain _____

Driving Experience

Class of Equipment	Material Hauled	Over the Road?	Years	Miles

Have you ever hauled steel before? _____ If yes, how long? _____

What type of steel? Coil Rod _____ Bars _____

Accident Review for past 3 years

Dates	Location	Injuries or Deaths	Type vehicle Being Driven	Where you Responsible?	Describe

Traffic convictions of any type in last 3 years

Date	Location	Moving Violation	Disposition	Points

The information you provide on the following pages may be used, and the previous employers listed below will be contacted, for the purpose of investigating your safety performance history.

Work History – Give a complete history of your last ten years of employment for the past 10 years starting with your present or most recent employer. Account for every month including months you where not employed.

Company:		Supervisor:	
Address:	City:	State:	
Position:	Dates: From / / To: / /		
Reason for Leaving:		Phone:	
Where you subject to the FMCSR during the course of your employment? Yes ___ No ___ Were you subject to the Alcohol /Controlled Substance testing required by 49CFR Part40? Yes ___ No ___			

Company:		Supervisor:	
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Position:		Dates: From / /	To: / /
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Use additional piece of paper if necessary to list all past employment.

Character References other than relatives, list reference that can verify your self employment:

Name	Phone #		
Address:	City:	State:	Zip:
Occupation and Place of Employment:			

Name	Phone #		
Address:	City:	State:	Zip:
Occupation and Place of Employment:			

In case of an emergency, contact: _____ **Phone#:** () _____

Waiver – This is to inform you that an investigative report maybe made whereby information is obtained through personal interviews with third parties, such as family, friends, neighbors or others whom are acquainted. This inquiry includes information as to your character general reputation, personal characteristics and mode of living, whichever maybe applicable.

You have my permission to perform these checks. I hereby authorize company individuals to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit, arrest record, driving record, etc. I hereby release Atlas Trucking Company and its authorized individuals from any and all liability for damage whatsoever the nature, which may result from this investigation of me.

I hereby authorize the present and past employers to furnish my previous employment record with them, with reason for separation, and any and all information which said company may have concerning me to the company’s investigating agency. I authorize release of information for purposes of investigation of drug and alcohol results as required by section 382.405(f), 382.413 and 382.401(b) of the Federal Motor

