

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations ("FMCSR") (49 C.F.R. § 391.21) require that all applicants wishing to operate a commercial motor vehicle list all employment for the last three (3) years. In addition, if you are applying to operate a commercial motor vehicle, **you must provide employment history for a total of ten (10) years.** Any gaps in employment must be explained. Use additional sheets if necessary.

CURRENT OR PREVIOUS EMPLOYER		DATES (Mo. /Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREVIOUS EMPLOYER		DATES (Mo. /Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREVIOUS EMPLOYER		DATES (Mo. /Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREVIOUS EMPLOYER		DATES (Mo. /Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREVIOUS EMPLOYER		DATES (Mo. /Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DRIVING SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ Year _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
 Has any driving license, permit or privilege ever been suspended or revoked? YES NO
 Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES NO

If you checked YES to any question above, explain in detail here: _____

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	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

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

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

State	Type/Class	License Number	Expiration Date

DRIVER'S LICENSES IN THE LAST 3 YEARS, INCLUDING CURRENT

It is agreed and understood, that the employer 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 employers and persons named herein from all liability for any damages on account of his furnishing such information..

I understand that this application is not an employment contract and the information provided is not considered a condition of employment with Panella Trucking LLC. If hired my employment is "At Will". This means that I am working at Panella Trucking, LLC by choice and that Panella Trucking, LLC is employing me by choice. As an "At Will" employee, employment and compensation can be terminated with or without cause, at any time at the option of Panella Trucking, LLC or the employee.

I understand that I must submit to drug and alcohol testing as per Department of Transportation specifications. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____