

Name: _____ Desired Salary: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Social Security Number: _____
 Telephone Number: _____ Email Address: _____
 Emergency Contact/Phone Number: _____ Relationship: _____

Previous Three Years Residency

Address: _____ # YEARS _____
 Address: _____ # YEARS _____
 Address: _____ # YEARS _____

DRIVER'S LICENSE INFORMATION

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE	ENDORSEMENTS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				
HEAVY EQUIPMENT				

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				Y OR N
				Y OR N
				Y OR N

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

DATE CONVICTED	VIOLATION	STATE/LOCATION OF VIOLATION	PENALTY

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes or No
If yes, please explain _____
2. Has any license, permit or privilege ever been suspended or revoked? Yes or No
If yes, please explain _____

EMPLOYMENT RECORD

(MUST LIST THE COMPLETE MAILING ADDRESS FOR EACH EMPLOYER)

PREVIOUS EMPLOYER: _____
 ADDRESS: _____ CITY, STATE, ZIP: _____
 PHONE: _____ FAX: _____
 POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING: _____

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

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes or No
2. Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes or No

2ND PREVIOUS EMPLOYER: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

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

1. Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes or No
2. Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes or No

3RD PREVIOUS EMPLOYER: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

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

3. Were you subject to the Federal Motor Carrier Safety Regulations while employed by the previous employer? Yes or No
4. Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes or No

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview 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 employers 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:

- Review information provided by current/previous employers
- 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
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers(s) and I cannot agree on the accuracy of the information."

I Understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by Fletco Services, LP my employment will be "At- Will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of Fletco Services, LP or myself. I understand that I have the right to end my employment at any time and that Fletco Service, LP retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the president of Fletco Services, LP.

I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my pre-employment drug screen. I understand that if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination.

Applicants Signature

Date