DRIVER'S APPLICATION FOR EMPLOYMENT

olicant Name (print)						
(J)	Company	Carlyle Van Lines, Inc.				
	Address	801 W Young St.				
	City Wa	rrensburg	State MO	Zip	64093	
	considered f	ce with Federal and State equal emplo for all positions without regard to race, ran status, non-job related disability, o	color, religion, se	x, national	origin, age, martial	
		TO BE READ AND	SIGNED BY APP	LICANT		
employer(s)	will be contact	tion I provide regarding current and cted, for the purpose of investigatir). I understand that I have the right	ng my sarety per	ployers m formance	nay be used, and those history as required by	
	formation pro	ovided by previous employers;				
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APPLICANT TO COMPLETE

(answer all questions - please print)

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Street		City		State & Zip Code	How Long?_	*********
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ate of Birth	girt to work in the officer	Can you pr	ovide proof of a	ge?		
Required for Commerical	Drivers)					
lave you worked for thi	s company before?	Where?				
ates: From	То	F	Position			
Reason for leaving						
Who referred you?		<u> </u>	. (Bu *	Rate of pay expected		
Have you ever been bo	. 10		terata or in	Name of bonding comp	anv	
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		EMPLOYMEN	IT HISTORY			
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EMPLOYMENT HISTORY (continued)

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DDRESS				SALARY/WAGE		
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AND ALCOHOL TESTING REQUIR	EMENTS OF 49 CFR PART 40	7 -			ATE	
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^{*} Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†] The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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EMPLOYMENT HISTORY (continued)

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ND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?						DATE		
	EMPLOYER				FROM	то		
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AND ALCOHOL TESTING REQUIR	EMENTS OF 49 CFR PART 407	□ 1135	0.70					
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AND ALCOHOL TESTING REQUIR	REMENTS OF 49 CFR PART 407	YE:	2	□ NO				
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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE **HAZARDOUS** NATURE OF ACCIDENT **INJURIES** MATERIAL SPILL **FATALITIES** (HEAD-ON, REAR-END, UPSET, ETC.) DATES LAST ACCIDENT **NEXT PREVIOUS NEXT PREVIOUS** TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE PENALTY CHARGE DATE LOCATION (ATTACH SHEET IF MORE SPACE IS NEEDED) **EXPERIENCE AND QUALIFICATIONS - DRIVER** EXPIRATION DATE ENDORSEMENT(S) CLASS LICENSE NO. Driver STATE licenses or permits held in the past 3 years YES NO A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO B. Has any license, permit, or privilege ever been suspended or revoked? IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS DRIVING EXPERIENCE CHECK YES OR NO APPROX. NO. OF MILES DATES CIRCLE TYPE OF EQUIPMENT FROM(M/Y) TO(M/Y) (TOTAL) CLASS OF EQUIPMENT STRAIGHT TRUCK TYES TNO (VAN.TANK.FLAT.DUMP.REFER) TRACTOR AND SEMI-TRAILER TYES TNO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR - TWO TRAILERS TYES TNO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR - THREE TRAILERS TYES TNO (VAN, TANK, FLAT, DUMP, REFER) More than B MOTORCOACH - SCHOOL BUS TYES NO ☐ YES ☐ NO More than 15 MOTORCOACH - SCHOOL BUS OTHER LIST STATES OPERATED IN FOR LAST FIVE YEARS: SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? **EXPERIENCE AND QUALIFICATIONS - OTHER** SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) **EDUCATION** HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 LAST SCHOOL ATTENDED (CITY, STATE) (NAME) TO BE READ AND SIGNED BY APPLICANT 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. Date:

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Signature: _