

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years, including all full and part-time employment. All time must be accounted for including military service, self employment and periods of unemployment. Use supplementary sheet if necessary.

CURRENT EMPLOYER: NAME _____ SUPERVISOR _____

MAY WE CALL YOUR CURRENT EMPLOYER TO VERIFY EMPLOYMENT? YES ___ NO ___

ADDRESS _____ TELEPHONE _____

Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____

TOTAL NUMBER ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

SECOND LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____

TOTAL NUMBER ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

THIRD LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____

TOTAL NUMBER ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

FOURTH LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____

TOTAL NUMBER ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

FIFTH LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____

Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____

TOTAL NUMBER ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

Driving Experience

Class of Equipment	Type of Trailer	Dates		Approximate miles
		FROM	TO	
Straight Truck				
Diesel Tractor & Semi-Trailer				
Gas Tractor & Semi-Trailer				
Other				

Did you receive any safe driving awards? Yes No If yes, from which companies and award type.

Do you currently hold a valid chauffeurs license? Yes No If yes, Please list endorsements

Education

Level	Name of School	City	Course	Did you Graduate?
High School				
College				
Other				

List any special courses or skills acquired:

Accident Record

List all involvement with truck and car including property damage for past **five years** - preventable and non

Accident Type	Date	Vehicle type	Fatalities	Injuries / Damage \$\$

