



CPCN#3069
 2024 Losee Road
 North Las Vegas, NV. 89030

CPCN# 7008
 3328 Losee Road
 North Las Vegas, NV. 89030

CPCN# 7049

16325 S. Crawford Ave.
 Markham, IL 60428

Drivers/ Mechanic Application

Applicant Information

Full Name:	Last	First	M.I.	Date:
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Address History For The Past 3 Years:

ADDRESS	CITY, STATE and ZIP	DATE
		/CURRENT

Phone		Email	
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Date Available:		Social Security No.:		Date of Birth:	
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Position Applied for:	
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
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Do you currently know someone that is employed with our company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referred by:
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Accident Record for past 3 years. If no accidents within the last 3 years – check here: At Fault Only

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name: _____ SS#: _____
Last First M.I.

Traffic Convictions & Forfeitures for past 3 years (other than parking violations).
If no traffic convictions and/or forfeitures within the last 3 years – check here:

LOCATION	VEHICLE TYPE	DATE	CHARGE	PENALTY

Driver License Information – Section 383.21 FMCSR states, “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.”

I certify that I do not have more than one motor vehicle license. My current license information is below:

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

- 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? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

Education

High School: _____ **Address:** _____

Did you graduate: ___ YES ___ NO Diploma: _____

College: _____ **Address:** _____

Did you graduate: ___ YES ___ NO Diploma: _____

Other: _____ **Address:** _____

Did you graduate: ___ YES ___ NO Diploma: _____

Full Name: _____ SS#: _____
Last First M.I.

Previous Employment History

Drivers applying at URT must provide the last 10 years of employment history.

All gaps in employment of 30 days or more must be explained. You are required to list the complete mailing address: street number, city, state, zip code, and phone number including area code. **Please list employers in reverse order starting with the most recent.**

Company:				Phone:			
Address:				Supervisor:			
Responsibilities				Reason for Leaving:			
Job Title				Dates:	From:	To:	
Salary \$	Starting \$		Ending \$	Justify Gap:			

Were you subject to the FMCSR's while employed? Yes No

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? Yes No

May we contact your previous supervisor for a reference? YES NO



Company:				Phone:			
Address:				Supervisor:			
Responsibilities				Reason for Leaving:			
Job Title				Dates:	From:	To:	
Salary \$	Starting \$		Ending \$	Justify Gap:			

Were you subject to the FMCSR's while employed? Yes No

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? Yes No

May we contact your previous supervisor for a reference? YES NO



Company:				Phone:			
Address:				Supervisor:			
Responsibilities				Reason for Leaving:			
Job Title				Dates:	From:	To:	
Salary \$	Starting \$		Ending \$	Justify Gap:			

Full Name: _____ SS#: _____
Last First M.I.

Were you subject to the FMCSR's while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
--	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
--	---------------------------------	--------------------------------	--

Company:		Phone:	
Address:		Supervisor:	
Responsibilities		Reason for Leaving:	
Job Title		Dates:	From: To:
Salary \$	Starting \$	Ending \$	Justify Gap:

Were you subject to the FMCSR's while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
--	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
--	---------------------------------	--------------------------------	--

Company:		Phone:	
Address:		Supervisor:	
Responsibilities		Reason for Leaving:	
Job Title		Dates:	From: To:
Salary \$	Starting \$	Ending \$	Justify Gap:

Were you subject to the FMCSR's while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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"I understand that the information I provided regarding current and/or previous employers may be used, and those employer(s) 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 the previous employers and for those previous employers to send the correct information to the prospective employer; and Have a rebuttal statement attached to the alleged information, if the previous employer (s) and I cannot agree on the accuracy of the information."

Drivers Signature _____ **Date** _____

Full Name: _____ SS#: _____
Last First M.I.

Personal References

Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	

Driving Experience

CLASS OF EQUIPMENT (Check Yes or No)	TYPE OF EQUIPMENT (Circle)	DATES	APPROXIMATE NO. OF TOTAL MILES
Tow Truck <input type="checkbox"/> Yes <input type="checkbox"/> No Light <input type="checkbox"/> Heavy <input type="checkbox"/>	(Flat or Wheel Lift)		
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 7 passengers		
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 15 passengers		
LIST STATES OPERATED IN FOR LAST 5 YEARS.			

Experience & Qualifications - Other

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN THIS WORK.

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).

Disclaimer and Signature

TO BE READ AND SIGNED BY APPLICANT

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.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I further understand that I have provided my date of birth on this application so as to comply with the federal regulation set forth below (49 CFR 391.21 (b) (1) and (2)):

(b) The application for employment shall be made on a form furnished by the motor carrier. Each application form must be completed by the applicant, must be signed by him/her, and must contain the following information:

- (1) The name and address of the employing motor carrier;
- (2) The applicant's name, address, date of birth, and social security number;

Signature: _____ Date: _____

Full Name: _____ SS#: _____
Last *First* *M.I.*

DRIVER POSITION (LIGHT DRIVER, HEAVY DRIVER AND FSP)

DMV printout must be submitted with your application. Motor Vehicle Report are only valid for 30 days.

Incomplete applications will not be considered and you will automatically be disqualified from further employment.

All prospective employees are required to be:

- *Submitted for pre-employment drug/alcohol testing;
- *Submitted for pre-employment background check;
- *Confirmed for employment authorization through E-Verify

CDL CARRIERS ONLY

Please register on the clearing house website
Prior to being sent over to human resources for new hire processing.

www.clearinghouse.fmcsa.dot.gov