

**APPLICATION ADDENDUM FOR APPLICANTS OF COMMERCIAL MOTOR
VEHICLE POSITIONS**

Please complete this addendum in full (please print).

Applicant Name: _____

SS #: _____

DOB: _____

Current Address: _____
(Must list all residences in the last three years) State Zip

Previous Address: _____
State Zip

Previous Address: _____
State Zip

1. Please list the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you:

_____ Issuing State	_____ License #	_____ Expiration Date
_____ Issuing State	_____ License #	_____ Expiration Date
_____ Issuing State	_____ License #	_____ Expiration Date

2. Please give the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers) which you have operated.

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3. Please list all motor vehicle accidents in which you were involved during the three years preceding this application, specifying the date and nature of the each accident and any fatalities or personal injuries caused.

4. Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application.

5. Please provide a statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you. If no such denial, revocation, or suspension has occurred, please indicate in space provided below.

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6. Please list the name and address of all employers during the 3 years preceding the date of this application together with the dates of employment, your position, whether that position was designated as a safety sensitive function subject to DOT regulated alcohol and controlled substances testing requirement as required by 49 CFR part 40, the reasons for leaving such employment, and whether you were subject to the FMCSR's while employed there. In chronological order starting with most current/most previous.

Employer Name	Address	City/State/Zip
Dates of Employment		Position Held
Reason for Leaving		

Subject to FMCSR's: Yes No

Position subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40: Yes No

Employer Name	Address	City/State/Zip
Dates of Employment		Position Held
Reason for Leaving		

Subject to FMCSR's: Yes No

Position subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40: Yes No

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7. Please list the name and address of all employers during the 7 years preceding the 3 years contained in question 6 of this application for which you were an operator of a commercial motor vehicle, together with the dates of employment, the reasons for leaving such employment, and whether you were subject to the FMCSR's while employed there. In chronological order starting with most current/most previous.

Employer Name	Address	City/State/Zip
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Dates of Employment	Reason for Leaving
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Subject to FMCSR's: Yes No

Employer Name	Address	City/State/Zip
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Dates of Employment	Reason for Leaving
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Subject to FMCSR's: Yes No

Employer Name	Address	City/State/Zip
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Dates of Employment	Reason for Leaving
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Subject to FMCSR's: Yes No

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I certify that this application was completed by me, and that all entries on it and information in it are true complete to the best of my knowledge. I understand that the information provided in Question 6 of this application may be used, and my prior employers may be contacted, for the purpose of investigating my safety performance history information as required by FMCSR 391.23.

Applicant 's Signature

Date

Applicant's Printed Name