

DOT Compliant Employment Application Form

To the applicant: The information below is required by Department of Transportation (DOT) regulations section 391.23. We may investigate all the information provided below and contact your previous employers for the purpose of evaluating your application..

GENERAL

Name _____ Social Security No. _____
 Last First Middle
Address _____ Phone No. _____
 Number and Street
_____ Daytime No. _____
 City State Zip Code

Please list all other addresses where you have resided during the last three years:

Address: _____

Address: _____

Address: _____

Date of Birth: _____

Veteran of U.S. Military? Yes ___ No ___

If so which branch? _____

Was your discharge other than honorable? Yes ___ No ___

Do you have a Commercial Motor Vehicle License (CMV)? Yes ___ No ___

Do you have more than one (1) CMV License? Yes ___ No ___

Please list issuing state, license number and expiration date of each **expired** CMV license or permit you have been issued:

Education

School name and location _____

Years completed / degree _____

Course of study _____

List any training courses, apprenticeships, internships or skills acquired:

What languages do you speak? _____

EMPLOYMENT HISTORY

Please list each employer you have worked for during the last three years. List the most recent (or present) employer first.

Employer	Type of business	Address	Phone Number
Start date	Leave date	Final Salary	Reason for leaving
Job Title	Supervisor and title		
Description of job and duties:			

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(If you need additional space please continue on another sheet of paper.)

If you are applying for a position to operate a Commercial Motor Vehicle (CMV), please list all employers for whom you have operated a CMV in the seven years previous to the above.

Employer	Type of business	Address
Start date	Leave date	Reason for leaving
Employer	Type of business	Address
Start date	Leave date	Reason for leaving
Employer	Type of business	Address
Start date	Leave date	Reason for leaving
Employer	Type of business	Address
Start date	Leave date	Reason for leaving
Employer	Type of business	Address
Start date	Leave date	Reason for leaving
Employer	Type of business	Address
Start date	Leave date	Reason for leaving

(If you need additional space, please continue on a separate sheet of paper)

Please list 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) and the length of experience on each.

(If you need additional space continue on a separate sheet of paper.)

