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Application

NAME: (FIRST) _____ (MIDDLE) _____ (LAST) _____

ADDRESS: (STREET) _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

BIRTH DATE _____ SOCIAL SECURITY # _____ NATIONALITY _____

CELL # _____ HOME # _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY SAME AS ABOVE

ADDRESS: (STREET) _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

ADDRESS: (STREET) _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

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, the information for which is listed below.

STATE _____ LICENSE NO. _____ TYPE _____ EXP DATE _____

DRIVING EXPERIENCE

CLASS OR TYPES OF EQUIPMENT _____

DATES _____

ATTACH SHEET IF MORE SPACE IS NEEDED)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

IF YES, EXPLAIN _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE OF YOURS EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, EXPLAIN _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) NONE

DATE _____ NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.) _____

_____ FATALITIES/INJURIES (YES/NO) _____

DATE _____ NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.) _____

_____ FATALITIES/INJURIES (YES/NO) _____

DATE _____ NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.) _____

_____ FATALITIES/INJURIES (YES/NO) _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) NONE

DATE _____ (MONTH/YEAR) CONVICTED (YES/NO) _____ VIOLATION _____

STATE OF VIOLATION _____ LOCATION _____ PENALTY _____

DATE _____ (MONTH/YEAR) CONVICTED (YES/NO) _____ VIOLATION _____

STATE OF VIOLATION _____ LOCATION _____ PENALTY _____

DATE _____ (MONTH/YEAR) CONVICTED (YES/NO) _____ VIOLATION _____

STATE OF VIOLATION _____ LOCATION _____ PENALTY _____

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED) Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

PRIOR EMPLOYER:

NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ____ Yes ____ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

PRIOR EMPLOYER: NONE

NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ____ Yes ____ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

PRIOR EMPLOYER: NONE

NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ____ Yes ____ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

DOT STANDARD QUALIFICATION QUESTIONS

Are you at least 25 years of age? ____ Yes ____ No

Can read and speak English sufficiently to:

Converse with the general public? ____ Yes ____ No

Understand highway traffic signs & signals in English? ____ Yes ____ No

Respond to official inquiries? ____ Yes ____ No

Make entries on reports and records? ____ Yes ____ No

Because of experience, training, or both can you safely operate the assigned motor vehicles? ____ Yes ____ No

Do you meet FMCSR Part 391.41 physical requirements* ____ Yes ____ No

Do you hold a valid CMV operator's license issued only from one State or jurisdiction? ____ Yes ____ No

Have you provided your prospective employer with a list of:

- All motor vehicle traffic law and ordinance convictions other than parking) for the prior 12 months? _____ Yes _____ No
- All such violations for which bond or collateral was forfeited during the prior 12 months? _____ Yes _____ No
- Have you passed a driver's road test and hold a certificate or presented an operator's license or certificate of road test? _____ Yes _____ No
- Have you furnished the prospective employing carrier with an employment application? _____ Yes _____ No
- Are you currently enrolled in a Drug Testing Program _____ Yes _____ No

TO BE READ AND SIGNED BY APPLICANT I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide 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 previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge

APPLICANT'S SIGNATURE _____ DATE. _____

*Note: A motor carrier may require an applicant to provide information in addition to the information required by the FMCSA Regulations.