



**When would you like to start?**  **ASAP**  **2 Weeks**  **3+ Weeks**  **Keenesburg Day Class**

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin or disability.

**Personal information** As a tractor trailer operator I am:  Inexperienced  Experienced  Owner-Operator

Last name  First name  Middle initial   
 Address  City/State  Zip   
 Date of birth  SSN  Email   
 Phone  Cell

**Drivers license record**

State	License #	Class/Type	Issue date	Expiration date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Traffic convictions/forfeitures : Driving citations received for the past five (5) years, moving and non-moving**

Year	Location/State	Charge	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Accident report : List all vehicle accidents/incidents for the past five (5) years**

Month/Year	Vehicle	Nature of accident	Preventable	Fatalities	Injuries	\$ Damages
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

**Additional traffic violation history**

- Y  N Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- Y  N Have you ever had any license, permit or privilege suspended or revoked?
- Y  N Have you ever been convicted or charged with a misdemeanor?
- Y  N Have you ever been convicted or charged with a felony?
- Y  N Have you ever been convicted or charged for driving under the influence of alcohol or drugs?
- Y  N Have you ever been convicted or charged for possession, sale or use of a narcotic drug, amphetamine or derivative?
- Y  N Have you ever been disqualified to drive by federal regulations?
- Y  N Have you ever been refused liability insurance?
- Y  N Have you ever been refused a security bond?

**(If YES to any give brief details & dates)**



**Military service and/or Reserve duty status**  Y  N

Military service branch  Service dates

DD-214 Type of discharge  Honorable  Dishonorable  General  Other

Explanation for general or other discharge

**Employment history: A minimum of the previous three (3) years**

**Current or most recent employer** **Dates of employment: month/year**

Employers name <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
Address <input type="text"/>	May we contact this employer? <input type="text"/>		
City/State <input type="text"/>	# of states driven in <input type="text"/>		
Phone <input type="text"/>	Reason for leaving <input type="text"/>		
Job title <input type="text"/>			

**2<sup>nd</sup> Most recent employer** **Dates of employment: month/year**

Employers name <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
Address <input type="text"/>	May we contact this employer? <input type="text"/>		
City/State <input type="text"/>	# of states driven in <input type="text"/>		
Phone <input type="text"/>	Reason for leaving <input type="text"/>		
Job title <input type="text"/>			

**3<sup>rd</sup> Most recent employer** **Dates of employment: month/year**

Employers name <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
Address <input type="text"/>	May we contact this employer? <input type="text"/>		
City/State <input type="text"/>	# of states driven in <input type="text"/>		
Phone <input type="text"/>	Reason for leaving <input type="text"/>		
Job title <input type="text"/>			

**4<sup>th</sup> Most recent employer** **Dates of employment: month/year**

Employers name <input type="text"/>	From <input type="text"/>	To <input type="text"/>	
Address <input type="text"/>	May we contact this employer? <input type="text"/>		
City/State <input type="text"/>	# of states driven in <input type="text"/>		
Phone <input type="text"/>	Reason for leaving <input type="text"/>		
Job title <input type="text"/>			

By submitting this application, I certify that all the information on this form is correct and complete to the best of my knowledge. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation required by 391.23 of the Federal Motor Carrier Safety regulations. I hereby authorize the release of any information on this application and I release said persons, previous employers and Careers World Wide, Inc. from any liability or damages.

I agree to the terms above.  Y  N

Signature  Date