

APPLICATION FOR EMPLOYMENT

NuLine Transportation P.O. Box 2266 Pawtucket RI 02861

NAME _____

ADDRESS _____ how long? _____

Date of Birth _____ Social Sec. No _____ Phone _____

Address for past three years:

_____ How Long? _____
(Street) (City) (State & Zip Code)

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver Licenses Information

State	License no	Expiration Date	Type	Hazmat (Endorsements)

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate No. of Miles (Total)
Straight Truck				
Tractor and Semi – Trailer				
Tractor-Two Trailers				
Other				

Owner Operator Vehicle Information

Type of Tractor	Year	Make	Vin Number

Accident Record for the past 3 years or more (attach sheet if more space is needed)

Dates	Nature of Accident (head on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

- 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, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if more space is needed)

NOTE: DOT requires that Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME _____ PHONE _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____ PHONE _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____ PHONE _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

To Be Read and signed By Applicant

This certifies that 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.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.