



McCartney Produce
Address: 459 Culley
Paris Tn 38242
DOT #

3524899

DRIVER APPLICATION FOR EMPLOYMENT

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____ Social Security: _____ Phone #: _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Years at Residence: _____ (If you have been at this residence for 3 years or more, skip "Previous 3 Years of Residency" section.)

PREVIOUS 3 YEARS OF RESIDENCY

Street Address: _____ City: _____ State: _____ Zip: _____ Years at Residence: _____

Street Address: _____ City: _____ State: _____ Zip: _____ Years at Residence: _____

Street Address: _____ City: _____ State: _____ Zip: _____ Years at Residence: _____

EMPLOYMENT HISTORY

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). Any gaps in employment and/ or unemployment must be explained. **(Please Attach Additional Sheets if More Space is Needed)**

1. **Current or Last Employer Name:** _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

2. **Second to Last Employer Name:** _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

3. Third to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

4. Fourth to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

5. Fifth to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

6. Sixth to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

7. Seventh to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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**

8. Eighth to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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

9. Ninth to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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

10. Tenth to Last Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

- 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

EDUCATION

| School | Name & Location | Course of Study | Years Completed | Graduated | Details |
|----------------|-----------------|-----------------|-----------------|--|---------|
| High School | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Driving School | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

DRIVING EXPERIENCE

If no driving experience in the last 3 years, check here:

| Class of Equipment | Type of Equipment (Van, Tank, Flat, Reefer) | Dates | | OR (Approx. No. of Miles) |
|--------------------------|---|-------|----|------------------------------|
| | | From | To | |
| Straight Truck | | | | |
| Tractor and Trailer | | | | |
| Tractor – doubles | | | | |
| Motor Coach - School Bus | N/A | | | |
| Other: | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

If no accidents in the last 3 years, check here:

| Dates | Nature of the Accident (head-on, rear-end, upset, etc.) | Number of Fatalities | Number of Injuries | Chemical Spills |
|-------|---|-------------------------|-----------------------|--|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations)

If no traffic violations and /or forfeitures in the last 3 years, check here:

| Date Convicted (month/year) | Violation | State of Violation Location | Penalty (Forfeited bond, Collateral, Points) |
|--------------------------------|-----------|--------------------------------|---|
| | | | |
| | | | |
| | | | |

LICENSE INFORMATION

| Driver Licenses or permits held in the past 3 years | State/ Province/ Territory | License No. | Type/ Class | Endorsement(s) | Expiration Date |
|--|----------------------------------|-------------|-------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

- 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, Give Details:

APPLICATION CERTIFICATION

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries into 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. Additionally, I understand that I am required to abide by all the 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."

Date: _____ **Applicant's Signature:** _____

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.

Date: _____ **Applicant's Signature:** _____

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