

McCartney Produce Address: 459 Culley Paris Tn 38242 DOT #

3524899

## **DRIVER APPLICATION FOR EMPLOYMENT**

	Middle:	Last Iva	Last Name:			
Date of Birth:	Social Security:		Phone #:			
Current Street Address:		City:	State:	Zip:		
ears at Residence:	(If you have been at this resid	ence for 3 years or more, sk	cip "Previous 3 Yea	ars of Residency" section.)		
	PREVIOUS 3	3 YEARS OF RESIDEN	CY			
Street Address:	City:	State:	Zip:	Years at Residence:		
street Address:	City:	State:	Zip:	Years at Residence:		
treet Address:	City:	State:	Zip:	Years at Residence:		
	EMPLO	DYMENT HISTORY				
previous three years. You n years prior to the initial three explained. (Please Attach A	r Name:	or all employers you have d loyment record). Any gaps i s <b>Needed)</b>	riven a commerci in employment an	al motor vehicle for the seve		
previous three years. You n years prior to the initial three explained. (Please Attach Ad L. Current or Last Employer	nust give the same information for the years (total of ten years empty dditional Sheets if More Space is r Name:	or all employers you have d loyment record). Any gaps i s <b>Needed)</b>	riven a commerci in employment an	al motor vehicle for the seve d/ or unemployment must b		
previous three years. You n years prior to the initial three explained. (Please Attach Andrews) Current or Last Employer treet Address:	nust give the same information for the years (total of ten years empty dditional Sheets if More Space is r Name:	or all employers you have d loyment record). Any gaps i s <b>Needed)</b> City:	riven a commerci n employment an State:	al motor vehicle for the seve d/ or unemployment must b Zip:		
previous three years. You n years prior to the initial three explained. (Please Attach Act  Current or Last Employer Street Address:  Phone #:	nust give the same information free years (total of ten years employed dditional Sheets if More Space is r Name:  Position Held:	or all employers you have d loyment record). Any gaps i s <b>Needed)</b> City:	riven a commerci n employment an State:	al motor vehicle for the seve d/ or unemployment must b Zip:		
previous three years. You nyears prior to the initial three explained. (Please Attach Adv.)  L. Current or Last Employer  Street Address:  Phone #:	nust give the same information for the years (total of ten years employed ditional Sheets if More Space is r Name:  Position Held:	or all employers you have d loyment record). Any gaps i s <b>Needed)</b> City:	riven a commerci n employment an State:	al motor vehicle for the sevend/ or unemployment must b Zip: From: To:		
previous three years. You n years prior to the initial three explained. (Please Attach Adv.)  Current or Last Employer treet Address:  Phone #:  Reason for Leaving:  Were you subject to thee  Was the previous job po	nust give the same information free years (total of ten years employed dditional Sheets if More Space is r Name:  Position Held:	or all employers you have d loyment record). Any gaps i s Needed)  City: gulations (FMCSRs) while en	riven a commerci n employment an  State:  mployed by the pr	al motor vehicle for the seve id/ or unemployment must b  Zip: To: Tevious employer? Yes □ No		
previous three years. You not years prior to the initial three explained. (Please Attach Adv.)  L. Current or Last Employer Street Address:  Phone #:  Reason for Leaving:  Were you subject to the was the previous job possubstances testing requirements.	nust give the same information free years (total of ten years employed dditional Sheets if More Space is r Name:  Position Held: e Federal Motor Carrier Safety Reposition designated as a safety sense.	or all employers you have d loyment record). Any gaps is Needed)  City: egulations (FMCSRs) while ensitive function in any DOT re Part 40? Yes □ No □	State:	al motor vehicle for the seve id/ or unemployment must b  Zip: To: Tevious employer? Yes □ No		
previous three years. You nyears prior to the initial three explained. (Please Attach Actach	nust give the same information free years (total of ten years employed dditional Sheets if More Space is r Name:  Position Held:  e Federal Motor Carrier Safety Reposition designated as a safety sensuirements as required by 49 CFR I	or all employers you have d loyment record). Any gaps is Needed) City:  gulations (FMCSRs) while ensitive function in any DOT repart 40? Yes □ No □	State:	al motor vehicle for the seve id/ or unemployment must b  Zip: To: Tevious employer? Yes \( \text{Not} \)  Note to alcohol and controlle		
previous three years. You not years prior to the initial three explained. (Please Attach Adv.)  L. Current or Last Employer  Street Address:  Were you subject to the was the previous job posubstances testing required.  Second to Last Employer  Street Address:	nust give the same information free years (total of ten years employed dditional Sheets if More Space is r Name:  Position Held:  Pe Federal Motor Carrier Safety Reposition designated as a safety sensuirements as required by 49 CFR In Name:	or all employers you have d loyment record). Any gaps is Needed)  City: gulations (FMCSRs) while ensitive function in any DOT re Part 40? Yes □ No □  City:	State:	al motor vehicle for the seve id/ or unemployment must b Zip:  From:To:  revious employer? Yes □ Not bject to alcohol and controlle Zip:		

substances testing requirements as required by 49 CFR Part 40? Yes  $\square$  No  $\square$ 

	City	Ctato:	7in:
	City:		
Phone #:	Position Held:	From:	To:
leason for Leaving:			
Was the previous job pos	Federal Motor Carrier Safety Regulations (FMCSRs) w sition designated as a safety sensitive function in any E irements as required by 49 CFR Part 40? <b>Yes No C</b>	OOT regulated mode, subject	
l. Fourth to Last Employer N	lame:		
street Address:	City:	State:	Zip:
Phone #:	Position Held:	From:	To:
eason for Leaving:			
<ul> <li>Was the previous job possubstances testing requ</li> </ul>	Federal Motor Carrier Safety Regulations (FMCSRs) w sition designated as a safety sensitive function in any E irements as required by 49 CFR Part 40? Yes No Came:	OOT regulated mode, subject to	to alcohol and controlled
	City:		
	Position Held:		
	rosition field.		10.
• Was the provious job no	sition designated as a safety sensitive function in any D	-	to alcohol and controlle
substances testing requ	irements as required by 49 CFR Part 40? Yes □ No □ me:		
substances testing requ  . Sixth to Last Employer Na	me:		Zip:
substances testing requ  . Sixth to Last Employer Na treet Address:	me: City:	State:	
substances testing requ  . Sixth to Last Employer Na treet Address:	me:	State:	
substances testing requ  . Sixth to Last Employer Na treet Address:  hone #:  eason for Leaving:	me: City: Position Held:	State: From:	To:
substances testing requ  Sixth to Last Employer Natreet Address:  Thone #:  Leason for Leaving:  Were you subject to the  Was the previous job poo	me: City: Position Held:	State: From:  while employed by the previou	To: ss employer? <b>Yes</b> □ <b>No</b>
substances testing requ  Sixth to Last Employer Natreet Address:  Thone #:  Leason for Leaving:  Were you subject to the  Was the previous job posubstances testing requ	me: City: City: Fosition Held: Federal Motor Carrier Safety Regulations (FMCSRs) was sition designated as a safety sensitive function in any E	State: From: while employed by the previou DOT regulated mode, subject	To:To:To:To:To:To:Note to alcohol and controlle
substances testing requ  Sixth to Last Employer Natreet Address:  Chone #:  Leason for Leaving:  Were you subject to the  Was the previous job posubstances testing requ  Seventh to Last Employer	me: City: Position Held: Federal Motor Carrier Safety Regulations (FMCSRs) we sition designated as a safety sensitive function in any Direments as required by 49 CFR Part 40? Yes □ No □	State: From:  while employed by the previou DOT regulated mode, subject	To: as employer? <b>Yes</b> □ <b>No</b> to alcohol and controlle
substances testing requ  . Sixth to Last Employer Na treet Address:  hone #:  eason for Leaving:  • Were you subject to the  • Was the previous job posubstances testing requ  . Seventh to Last Employer treet Address:	me:City:Position Held:Federal Motor Carrier Safety Regulations (FMCSRs) we sition designated as a safety sensitive function in any Direments as required by 49 CFR Part 40? Yes □ No□	State: From:  while employed by the previou DOT regulated mode, subject of	To:To:To:To:To:
substances testing requ  . Sixth to Last Employer Na treet Address: hone #: eason for Leaving:  • Were you subject to the • Was the previous job posubstances testing requ  . Seventh to Last Employer treet Address: hone #:	me:City: Position Held: Federal Motor Carrier Safety Regulations (FMCSRs) w sition designated as a safety sensitive function in any □ irements as required by 49 CFR Part 40? Yes □ No □  Name:City:	State: From:  while employed by the previous DOT regulated mode, subject of  State: From:	To:To:To:To:To:To:To:To:To:To:To:To:
substances testing requ  Sixth to Last Employer Natreet Address:  Chone #:  Leason for Leaving:  Were you subject to the Was the previous job posubstances testing requ  Seventh to Last Employer  treet Address:  Chone #:  Leason for Leaving:	me:City:Position Held:Position Held:  Federal Motor Carrier Safety Regulations (FMCSRs) we sition designated as a safety sensitive function in any Direments as required by 49 CFR Part 40? Yes □ No □  Name:	State:From:  while employed by the previou DOT regulated mode, subject to  State:From:	To:To:To:To:To:To:To:To:To:To:To:

	er Name:				
Street Address:	City	:	State:	Zip:	
Phone #:	Position Held:		F	rom:	To:
Reason for Leaving:					
Were you subject to	the Federal Motor Carrier Safety Regulatio	ns (FMCSRs) while emp	oloyed by the pre	evious employer?	Yes □ No □
	position designated as a safety sensitive fu equirements as required by 49 CFR Part 40		lated mode, sub	ject to alcohol an	d controlled
9. Nineth to Last Employ	er Name:				
Street Address:	City	:	State:	Zip:	
Phone #:	Position Held:		F	rom:	To:
Reason for Leaving:					
substances testing re	position designated as a safety sensitive fu equirements as required by 49 CFR Part 40	? Yes □ No □			d controlled
	er Name:				
Street Address:	City	:	State:	Zıp:	
Phone #:	Position Held:		F	rom:	To:
Reason for Leaving:					
<ul> <li>Was the previous job</li> </ul>	the Federal Motor Carrier Safety Regulatio position designated as a safety sensitive fu equirements as required by 49 CFR Part 40	inction in any DOT regu	<i>' '</i> '		
	EDUCA	TION			
School	Name & Location	Course of Study	Years Completed	Graduated	Details
High School				Yes □ No □	
College				Yes □ No □	
Driving School				Yes □ No □	
Other				Yes □ No □	

Class of Equipment		Type of Dates Equipment (Van,			OR (Approx. No. of Miles)		
		Tank, Flat, Reefer)	From	То	(Approx.	No. of ivilles)	
Straight Truck							
Tractor and Traile	er						
Tractor – doubles							
Motor Coach - Sch	nool Bus	N/A					
Other:							
		ACCIDENT RECORD FO	OR PAST 3 YE	ARS OR MOF	PF		
no accidents in the la					· <del>-</del>		
Dates		Nature of the A (head-on, rear-end etc.)		Number of Fatalities	Number of Injuries	Chemical Spills	
						Yes □ No □	
						Yes □ No □	
						Yes □ No □	
						Yes □ No □	
	cted	res in the last 3 years, chec		on	than Parking Penalt ited bond, Col	•	
no traffic violations a	cted	ires in the last 3 years, chec	k here: □ State of Violati	on	Penalt	y	
no traffic violations a	cted	ires in the last 3 years, chec	k here: □ State of Violati	on	Penalt	y	
no traffic violations a	cted	Violation	k here: □ State of Violati	on (Forfe	Penalt	y	
no traffic violations a  Date Convid (month/ye	State/ Province/	Violation  LICENSE	k here:   State of Violati Location  INFORMATIO	on (Forfe	Penalt	y llateral, Points)	
no traffic violations a	cted ear)	Violation  LICENSE	k here:   State of Violati Location  INFORMATIO	on (Forfe	Penalt ited bond, Col	y llateral, Points)	
Driver Licenses or permits held in the past 3 years  A. Have you e	State/ Province/ Territory	Violation  LICENSE	INFORMATIO  . 1	N  Type/ Class  ate a motor veh	Penaltited bond, Col	t(s) Expiration Date	

DRIVING EXPERIENCE

## **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 as 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 of my knowledge.	this application, and that all entries on it and information in it are true and complete to the best
Date:	Applicant's Signature:

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