



# Employment History For The Past 10 Years

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years—including all full and part-time employment. All times must be accounted for, including military service, self-employment, and periods of unemployment. Use a supplementary sheet if necessary.

**WE MUST HAVE TELEPHONE NUMBERS FOR ALL PREVIOUS EMPLOYERS.  
INCLUDE PERIODS OF UNEMPLOYMENT. ALL TIME MUST BE ACCOUNTED FOR.**

Are you presently employed?     Yes     No                      May we contact your current employer?     Yes     No

<b>Previous Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles    Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No    Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

<b>Second Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles    Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No    Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

<b>Third Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles    Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No    Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

# Employment History, continued:

<b>Fourth Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

<b>Fifth Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

<b>Sixth Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

# Employment History, continued:

<b>Seventh Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

<b>Eighth Last Employer</b>	Name: _____ Supervisor: _____
Dates of Employment	Address: _____ Telephone: _____ (Number) (Street)
From: _____ (Month, Year)	City/State: _____ Zip: _____
To: _____ (Month, Year)	Positions Held: _____ Rate of Pay: _____
	Driving Experience: <input type="checkbox"/> All 48 <input type="checkbox"/> Midwest <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northwest <input type="checkbox"/> Mountains
	Average Number of Miles Per Week: _____ Days Out Per Trip: _____
	Equipment Driven: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Cabover <input type="checkbox"/> Conventional <input type="checkbox"/> Refer <input type="checkbox"/> Van <input type="checkbox"/> Dump <input type="checkbox"/> Flatbed <input type="checkbox"/> Tanker <input type="checkbox"/> Autohaulers <input type="checkbox"/> Doubles Trailer Length: _____ ft.
	Logbook Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Total Miles Driven For This Employer: _____
	Circle Reason For Leaving: <b>Quit</b> <b>Fired</b> <b>Laid-Off</b> <b>Other:</b> _____
	Explain Circumstances: _____

## PLEASE ANSWER THE FOLLOWING QUESTIONS WITH "YES" OR "NO"

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Are you a U.S. Citizen or otherwise lawfully authorized to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there any reason you might be unable to perform the functions of the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain if you wish: _____</p> <p>_____</p> <p>3. Are you familiar with the Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever been denied a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give the reason why: _____</p> <p>_____</p> <p>5. Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you currently use drugs illegally? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>7. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, When? ____/____/____ A conviction record will not necessarily bar you from employment. Such factors as age and time of offense, seriousness, and nature of the violation will be taken into account.</p> <p>8. Have you been convicted for driving while intoxicated (DWI) or driving under the influence (DUI) within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever had your drivers license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, on a separate sheet of paper, state in detail the facts and circumstances surrounding the suspension or revocation.</p> <p>10. Do you take any Schedule I-V drugs (as listed in DOT section 1308.11 under Appendix D)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Driver's License

You must have a CDL, class A license

List all licenses held the past 5 years:

Issuing State	License #	Type	Endorsements	Expiration Date	Restrictions	Turned In?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

## Driving Record

Have you been convicted of any traffic violations in the past 5 years?  Yes  No

List all traffic violations, except for parking tickets the last 5 years. If none, write "None".

You are required to provide a current (Not more than thirty days old) MVR in order to be considered for a driving position.

Month/Year	Violation	Type of Vehicle	Location (City, State)	Penalty/Fine	Points Assessed

## Accidents

Have you been involved in any accidents in the past 5 years?  Yes  No

List all accidents, preventable, or non-preventable, regardless of amount of monetary settlement in the past 5 years. If none, write "None".

Month/Year	Type of Accident	Type of Vehicle	Location (City, State)	\$\$ Amount of Damage	No. of Fatalities	No. of Injuries	Were You Ticketed?	At Fault?

## Cargo Claims

Have you had any cargo claims in the past 5 years?  Yes  No

List all claims, preventable or non-preventable, regardless of \$\$ amount in the last 5 years. If none, write "None".

Month/Year	Type of Claim	\$\$ Amt of Claim	Type of Cargo	Were You Charged for the Claim? Why?

# Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4 5 6 7 8

Check the following that applies: \_\_\_ High School Diploma \_\_\_ G.E.D. \_\_\_ College Degree \_\_\_ None

List any Truck Driving Schools you have attended, dates of completion, and any other safety training:

Date of Completion	School or Safety Training

How long are you willing to be away from home? \_\_\_\_\_

How much home time will you need when you return? \_\_\_\_\_

How many miles, (or hours if applicable) are you expecting per week? \_\_\_\_\_

How much money do you expect to make each week? \_\_\_\_\_

Are you physically able to lift, load, unload, and perform other duties of a truck driver? \_\_\_\_\_

If "No" to above question explain: \_\_\_\_\_

When will you be available to start work for this Company? \_\_\_\_\_

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to contact current and previous employers, references, or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this Company to release any past or present information requested, including, but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for providing of any benefit. No promises regarding employment or authorization to drive have been made to me, and no such promise exists unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

**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, and that I have read, understand, and accept the above conditions and policies.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Company Name: Direct Transport Services, Inc, 5590 E. 55th Ave. Commerce City, CO 80022

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.25, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number