

Application for Employment

EXPERIENCE TRANSPORT AGENCY, LLC.
 121 E. Sunset Rd. Ste 2
 LAS VEGAS, NV 89119
 Tel: (702) 207-0000
 CPCN 2229

Hire Date: _____

(must be after Negative test results received)

Date of Application	
----------------------------	--

Position Applied for			
Name of Applicant			
	Last	First	Middle

Date of Birth		Social Security Number	
----------------------	--	-------------------------------	--

Current Address					
	Street	City	State	Zip	How Long?
List your addresses of residency for the past 3 years					
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?

Employment History

(Non-CDL-3 years of history & CDL - 10 years of history)

All driver applicants's to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information, (for a total of 10 years), on those employers for whom the applicant operated such vehicles. Start with the most recent employer. Add another sheet if necessary.

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No
Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No
Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No

controlled substances testing requirement as required by 49 CFR part 40							
Employer Name		Dates Employed	From:	To:			
Employer Address				Phone#			
Reason for Leaving			Contact Person				
Position Held			Wage/Salary				
Were you subject to FMCSR's while employed by this employer:				Yes		No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40				Yes		No	

Employer Name		Dates Employed	From:	To:			
Employer Address				Phone#			
Reason for Leaving			Contact Person				
Position Held			Wage/Salary				
Were you subject to FMCSR's while employed by this employer:				Yes		No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40				Yes		No	

Employer Name		Dates Employed	From:	To:			
Employer Address				Phone#			
Reason for Leaving			Contact Person				
Position Held			Wage/Salary				
Were you subject to FMCSR's while employed by this employer:				Yes		No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40				Yes		No	

Employer Name		Dates Employed	From:	To:			
Employer Address				Phone#			
Reason for Leaving			Contact Person				
Position Held			Wage/Salary				
Were you subject to FMCSR's while employed by this employer:				Yes		No	
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40				Yes		No	

Unexpired commercial motor vehicle operator's license or permit information

Issuing State		License No. & Class		Expiration Date	
Issuing State		License No. & Class		Expiration Date	
Issuing State		License No. & Class		Expiration Date	

Nature and extent of your experience in the operation of commercial motor vehicles

Class of Equipment	Type of Equipment	Dates		Approximate No. of Miles (Total)
		From	To	
Limousine/Sedan				
Bus Taxi				
Truck				
Tow Car				
Other				

If no experience, write 'None': _____

List all motor vehicle accidents you were involved in within the past 3 years

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

EXPERIENCE AND DRIVER QUALIFICATION-DRIVER LICENSES

State	License No.	Type	Expiration Date

EDUCATION

Years in High School: ___ Graduated ___ Years in College ___ Degree _____

Last School attended: _____
Name
City
State

TO BE READ AND SIGNED BY APPLICANT

Please note that you have due process rights as specified in CFR 391.23(i) regarding information received as a result of these investigations.

I understand that I have the following rights:

- The right to review the information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if myself and the previous employer cannot agree on the accuracy of the information

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

Applicant's Contact #: Mobile _____ Home: _____