



APPLICATION FOR EMPLOYMENT

Linescape of Washington, LLC is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis, including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Full Name: _____

Mailing Address: _____

Physical Address (if different): _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____ Date of Hire: ____/____/____

Phone Number: _____ Email: _____

License Information

Section 383.21 FMSCR states "No person who operates a motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information of which is listed below.

STATE	LICENSE #	TYPE	EXP DATE

Driving Experience

EQUIPMENT CLASS	EQUIPMENT TYPE (van, tank, flat, etc.)	DATES		APPROX. TOTAL OF MILES
		From	To	
Straight Truck				
Tractor & Semi-trailer				
Tractor – Two Trailers				
Other				

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

DATES	NATURE OF ACCIDENT (head on, rear end, etc)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS?	
				Yes	No

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral, points, etc)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? **Yes** **No**
 If Yes, Explain: _____

Has any license permit, or privilege ever been suspended or revoked? **Yes** **No**
 If Yes, Explain: _____

Have you been convicted of a crime in the last 7 years? **Yes** **No**
 If Yes, Explain: _____

Employment Record (attach sheet if more space is needed)

Applicants that desire to drive in interstate/intrastate commerce must provide the following information on all employers during the previous 3 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 3 years (total of 10 years employment record).

Must list the complete mailing address: street number and name, city, state, and zip code.

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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

Last Employer: Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons for Leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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

Second Last Employer: Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons for Leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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

Third Last Employer: Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons for Leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMSCRs) 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

To be read and signed by applicant:

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

This certifies that 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 FMCSRs.