

# APPLICATION FOR EMPLOYMENT

Ulyat Trucking Inc.  
6676 US Hwy 24  
Remington, IN 47977

## APPLICANT INFORMATION

<b>Name:</b> _____	_____	_____	_____
(First)	(Middle)	(Last)	
<b>Current Address:</b> _____	_____	_____	_____
(Street)	(City)	(State, Zip)	How Long?
<b>Previous Address(es):</b> _____	_____	_____	_____
(Street)	(City)	(State, Zip)	How Long?
_____	_____	_____	_____
(Street)	(City)	(State, Zip)	How Long?
<b>Phone #:</b> (____) _____	<b>Date of Birth:</b> _____	<b>Social Security #:</b> _____	
<b>Emergency Contact Name:</b> _____	<b>Relation:</b> _____		
<b>Contact Address:</b> _____	<b>Phone #:</b> (____) _____		

## DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

## DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
<b>If you answered yes to either of the above 2 questions, attach a statement of explanation</b>		

## TICKETS / ACCIDENTS / ETC.

	Date	Description	# of Injuries / Fatalities
<b>Accident Record for Past 3 Yrs.</b>	_____	_____	_____
<b>Traffic Convictions &amp; Forfeitures for Past 3 Yrs.</b>	<b>Location</b>	<b>Date</b>	<b>Charge</b>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

## EMPLOYMENT RECORD

**NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.**

<b>Employer:</b> _____	<b>Employed From:</b> _____	<b>To:</b> _____
<b>Address:</b> _____		
<b>Phone:</b> (____) _____	<b>Supervisor:</b> _____	
<b>Position:</b> _____	<b>Reason for Leaving:</b> _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer:</b> _____	<b>Employed From:</b> _____	<b>To:</b> _____
<b>Address:</b> _____		
<b>Phone:</b> (____) _____	<b>Supervisor:</b> _____	
<b>Position:</b> _____	<b>Reason for Leaving:</b> _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer:</b> _____	<b>Employed From:</b> _____	<b>To:</b> _____
<b>Address:</b> _____		
<b>Phone:</b> (____) _____	<b>Supervisor:</b> _____	
<b>Position:</b> _____	<b>Reason for Leaving:</b> _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

# SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**If more space is needed please request another sheet to complete history.**