APPLICATION FOR EMPLOYMENT

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

APPLICANT INFORMATION

Name:							
(First)	(M	iddle)	(Last)				
Current Address:							
(Stre	eet)	(City)	(State, Zip) How	Long?		
Previous Address(es):_							
(8	Street)	(City)	(State, Zip) Hov	v Long?		
(5	Street)	(City)	(State, Zip) How	Long?		
Phone #:()	Date of Bir	th:	Social Security	#:			
Emergency Contact Na	Emergency Contact Name:Relation:						
Contact Address:							
State ///	License #	/	Туре	Expiratio //	on Date		
DRIVER EXPERIENCE							
Type of Equipment	From (Da	ate)	To (Date)	Approx. #	of Miles		
Have you ever been deni	ed a license, permit	or privilege to	o operate a motor ve	hicle? Yes	No		
Has any license, permit or privilege ever been suspended or revoked? Yes					No		
If you answered yes to							

TICKETS / ACCIDENTS / ETC.

	Date Description			# of Injuries / Fatalities			
Accident		.					
Record for							
Past 3 Yrs.							
	Location		Date	Charge	Penalty		
Traffic							
Convictions							
& Forfeiture							
for Past 3 Y							
NOTE: DOT	roquires employi		OYMENT REC		r past 10 years be shown.		
	1 1	ment for 3 years prev		<u> </u>	To:		
Address:							
Phone:							
Position:							
Were you subject Was your job des	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:			Emp	oloyed From:	To:		
Address:			-	-			
Phone:							
Position:							
Were you subjec	t to the FMCSRs w signated as a safety	while employed? □ Ye	es □ No		alcohol testing requirements		
Employer:			Етр	oloyed From:	To:		
Address:							
Phone:	()	Supe	ervisor:				
Position:		Rea	son for Leaving	•			
	signated as a safety	while employed? \Box Ye sensitive function in		ode subject to the drug & a	cloohol testing requirements		

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:_		
Was your job de of 49 CFR Part 4	signated 40? 🗆 Y	as a safety s es □ No	sensitive function in any DOT re	eaving:gulated mode subject to the drug &Employed From:	alcohol testing requirements
Address:					
Phone:	(
	signated	FMCSRs wh as a safety s	iile employed? □ Yes □ No	Leaving:gulated mode subject to the drug &	
Employer:				Employed From:	To:
Address:					
Phone:	(_)	Supervisor:_		
	signated	as a safety s	iile employed? □ Yes □ No	Leaving:gulated mode subject to the drug &	
Employer:				Employed From:	To:
Address:					
Phone:	(_)	Supervisor:_		
	signated	as a safety s	Reason for I	Leaving:gulated mode subject to the drug &	
Employer:				Employed From:	To:
Address:					
Phone:	(_)	Supervisor:_		
Was your job de of 49 CFR Part 4	signated 40? 🗆 Y	FMCSRs wh as a safety s es □ No	iile employed? □ Yes □ No	Leaving: gulated mode subject to the drug & eet to complete history.	