CMC LOGISTICS LLC

13755 Nicollet Ave, Burnsville, MN | 612-394-4555 | 952-212-5344 | cmclogistics21@gmail.com

DRIVER APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Full Legal Name _____ **Date of Birth** _____ **Phone** _____

Street Address _____ **City** _____ **State** _____ **ZIP** _____

Email Address _____ **Social Security No.** _____ **How long at current address?** _____

CDL / DRIVER LICENSE

State _____ **License No.** _____ **Class / Type** _____ **Expiration Date** _____

Ever 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

If yes, explain: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	From	To	Approx. Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Other				

ACCIDENTS & TRAFFIC CONVICTIONS - PAST 3 YEARS

List accidents and moving violations. Attach an additional sheet if more space is needed.

Date 1 _____ **Accident / Violation** _____ **State / Result** _____

Date 2 _____ **Accident / Violation** _____ **State / Result** _____

Date 3 _____ **Accident / Violation** _____ **State / Result** _____

Complete all applicable sections. Additional documentation may be requested.

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EMPLOYMENT HISTORY, AUTHORIZATION & CERTIFICATION

EMPLOYMENT RECORD

Provide previous employers, including commercial driving employment. Explain any gaps in employment.

Most Recent Employer

Employer Name _____ **Phone** _____ **Position** _____

Address _____ **From** _____ **To** _____

Reason for Leaving _____

Second Most Recent Employer

Employer Name _____ **Phone** _____ **Position** _____

Address _____ **From** _____ **To** _____

Reason for Leaving _____

Third Most Recent Employer

Employer Name _____ **Phone** _____ **Position** _____

Address _____ **From** _____ **To** _____

Reason for Leaving _____

EMPLOYMENT GAPS / ADDITIONAL INFORMATION

FMCSA / DOT EMPLOYMENT QUESTIONS

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) with a previous employer? ☐ Yes ☐ No

Was a previous job a DOT safety-sensitive position subject to drug/alcohol testing requirements? ☐ Yes ☐ No

APPLICANT AUTHORIZATION

I authorize CMC Logistics LLC to make necessary inquiries and investigations concerning my employment history and other information relevant to an employment decision, and to contact current or previous employers as permitted by applicable law. I certify that information I provide is true and complete to the best of my knowledge. False or misleading information may result in disqualification or termination.

Applicant Signature _____ **Date** _____

CMC LOGISTICS USE / DRIVER TYPE

☐ Company Driver ☐ Owner Operator ☐ Other

Notes