



2370 LEIBEL ST WHITE BEAR TOWNSHIP MN 55110 | 651.323.4138 | LEGENDSHYDROVAC.COM | INFO@LEGENDSHYDROVAC.COM

## EMPLOYMENT APPLICATION

### PERSONAL

NAME			
	FIRST	MIDDLE	LAST
ADDRESS			
	STREET	CITY	STATE / ZIP
INFO			
	DOB (MM/DD/YYYY)	SSN	DESIRED HIRE DATE
CONTACT			
	PHONE	EMAIL	

### PAST RESIDENCY

ADDRESS			
	STREET	CITY	STATE / ZIP
ADDRESS			
	STREET	CITY	STATE / ZIP
ADDRESS			
	STREET	CITY	STATE / ZIP

### LICENSE

SECTION 383.21 FMCSR STATES "NO PERSON WHO OPERATES A COMMERCIAL 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 FOR WHICH IS LISTED BELOW.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ENDORSEMENTS	
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### ACCIDENT RECORD

DATE	NATURE OF ACCIDENT	NUMBER FATALITES	NUMBER INJURIES	CHEMICAL SPILLS	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

**TRAFFIC CONVICTIONS AND FORFEITURES**

CONVICTION DATE	VIOLATION	STATE OF VIOLATION	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

If yes, please explain:

Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If yes, please explain:

**EMPLOYMENT HISTORY**

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

Previous Employer:

Supervisor Name:

Address:

Job title:

Employed from/until:

Salary:

Reason for leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  YES  NO

If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES DRIVEN DURING EMPLOYMENT		ESTIMATED DRIVEN MILES

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  YES  NO

**EMPLOYMENT HISTORY**

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

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Supervisor Name:

Address:

Job title:

Employed from/until:

Salary:

Reason for leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  YES  NO

If yes, please provide the regulated vehicle(s) driven: (NEXT PAGE)

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### EMPLOYMENT HISTORY

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Supervisor Name:

Address:

Job title:

Employed from/until:

Salary:

Reason for leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  YES  NO

If yes, please provide the regulated vehicle(s) driven:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES DRIVEN DURING EMPLOYMENT		ESTIMATED DRIVEN MILES

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  YES  NO

I certify that I have provided all employers in the previous 3 years and any periods of employment regulated by the Department of Transportation in the previous 10 years. No other employers were regulated under DOT/FMCSA in the previous 10 years (Initials):