



APPLICATION FOR EMPLOYMENT

COMPANY INBOUND OUTBOUND TRANSPORTATION LLC STREET ADDRESS 145 W Ostend St Suite 600
 CITY, STATE AND ZIP CODE Baltimore, MD 2 1 2 3 0

NAME _____
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)
 ADDRESS _____ HOW LONG? _____
 (Street) (City) (State & Zip Code)

FOR PAST THREE YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS—DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND 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, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet If More Space Is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
 ADDRESS _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, 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 Federal Motor Carrier Safety Regulations.

**INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD
391.23(a)(1) and (b)**

To Whom It May Concern,

The below named individual has made application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Requested by:

<hr/>	
<hr/>	<hr/>
<i>Company Name</i>	<i>Person Making Inquiry</i>
<hr/>	<hr/>
<i>Address</i>	<i>Title</i>
<hr/>	<hr/>
<i>City</i>	<i>State</i>
<hr/>	<hr/>
<i>Signature</i>	<hr/>

Release:

I hereby authorize you to release the above requested information to _____ for investigation purposes required by the FMCSR Section 391.23(a)(1) and (b).

<hr/>	<hr/>
<i>Applicant/Driver Signature</i>	<i>Date</i>
<hr/>	<hr/>
<i>Operators License Number</i>	<i>Social Security Number</i>

Driver's Data Sheet

As required under the FMCSR a motor carrier is required to have written statement from the driver of his/her driving and on duty time for the preceding seven days. This requirement includes all new-hire drivers and intermittent drivers.

Driver's Name

Social Security Number

Driver's Address

City, State, and Zip Code

Driver's Signature

Date

Day	Date	Total Hours
1		
2		
3		
4		
5		
6		
7		

At what time were you released from work?

Certification of Compliance With Driver License Requirements

DRIVER REQUIREMENTS: As required under the FMCSR Parts 383 and 391 every driver who operates a CMV must comply with certain regulations. They are as follows:

- 1) POSSES ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

- 2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:**
 - A driver is required under the FMCSR Sections 392.42 and 383.33 to notify his/her employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.
 - Section 383.31 of the FMCSR requires the driver who violates a state or local traffic law (other than parking), must report it within 30 days to:
 - 1) Your employing motor carrier, and
 - 2) The state that issued your license (if the violation occurs in a state other than the one which issued your license).

The notification to both the employer and state must be in writing.

I only possess one license as listed below.

Driver's License Number: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name: _____

Driver's Signature: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

and states that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
Tractor-Semitrailer _____ Other (specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which he/she was involved. _____

6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____

Remarks: _____

7. Was the applicant's general conduct satisfactory? _____

8. Is the applicant competent for the position sought? _____

9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

(Name of Former Employer) Date: _____

You are hereby authorized to give to _____
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.