

\*\*Okay to attach resume for past three years employment.

# APPLICATION FOR EMPLOYMENT

COMPANY Seattle Green Limo STREET ADDRESS 15810 74<sup>th</sup> AVE NE  
Kenmore, WA 98058  
 CITY, STATE AND ZIP CODE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
 (First) (Middle) (Maiden Name, if any) (Last)  
 ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State and Zip Code)

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 PAST ADDRESSES (previous three years)

	Street	City	State & Zip code	How Long?
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS--DRIVER**

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/ SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

**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 A STATEMENT GIVING FULL 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 (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

SECOND LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

THIRD LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

**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.

(Form 2 - Rev. 1-2004)