

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all quest blank, but write "No" of		iswer to	any c	quest	ion is	s "No	o" or	"Noi	ne",	do no	t leav	ve the	e item	1		
Date:	_ Position appl	ying for	; Che	ck C)ne:	□ C	ompa	any I	Drive	r		Owne	er-Op	erato	r	
Name:(First)		(Mide	dle)					(Last)				-				
Phone #:		Eme	rgenc	y Ph	ione a	#:										
*Age Date of E *The Age Discrimination of Empl 70 years of age.	oyment Act of 1967 pr	Socia cohibits discr	al Sec riminatio	on on t	y Nui the basi	mber is of age	e with r	espect i	to indiv	iduals v	vho are	at leas	40 but	less the	ın	
Physical Exam Expir	ation Date:					-										
Current & Three Yea	ars Previous A	ddresse	es:													
Current Address:																
From	To			_												
Previous Address:																
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Previous Address:																
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Have you worked for t Reason for leaving?												_ To			_	
Education Histo	ory															
Please indicate the hi	ghest grade co	omplete	d:													
		Grade	Scho	ool:	1	2	3	4	5		7	8	9	10	11	
						C			O			O	O	0	C	C
	College:	None	1	2	3	4	Po	st-G	radu	ate:	N	one	1	2	3	4
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Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

From	Mo/Yr To	Present or La Name	st Employer:		
Reason For Leav Were you subject	ing t to the FMCSRs* whil	Address Phone # e employed here? Y sitive function in any I	(Street)	(City)	(State/Zip)
		Part 40? Ves		ar suejeer te u	
Mo/Yr From		Present or La Name			
Position Held		Address			
		Phone #	(Street)	(City)	(State/Zip)
Was your job des alcohol testing re	signated as a safety-sen quirements of 49 CFR	le employed here? Sitive function in any I Part 40? Yes Yes	OOT-Regulated mo No	de subject to th	ne drug and
Mo/Yr From		Present or La Name			
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materials in a quantity requiring placarding.

Driving Experience

	Dates		
Class of Equipment	From	То	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years:

List specia	l courses/training	competed (PTD/DD	C, Haz Mat, etc.):_
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List any Safe Driving Awards you hold and from whom:_____

Accident Record for past three years (attach sheet if more space is needed)

	Nature of Accidents		# of	# of People
Date of	(Head on, rear end, upset, etc.)	Location of Accident	Fatalities	Injured
Accident				-

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

		1		
State	License #	Туре	Endorsements	Expiration Date

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	
C. Is there any reason you might be unable to perform the functions of the job for which			
you have applied (as described in the job description)?	YES	NO	
D. Have you ever been convicted of a felony?	YES	NO	
If the answers to A, B, C or D is "YES", give details			

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disgualified without recourse.

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.

Applicant Signature _____ Date _____

Remarks (For office use only)

This form is courtesy of:



Raymond Corcoran Trucking, Inc. 532 Klenck Lane Billings, MT 59101 Phone: 406-252-7054 Fax: 406-252-4711