



**TO BE COMPLETED BY THE APPLICANT**  
(Please use print for all answers)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past three years

Current Address \_\_\_\_\_  
Street City  
 \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code yr./month

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./month  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./month  
 \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./month

Do you have the legal right to work in the United States? \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
 Have you worked for this company before? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
 Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_  
 Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
 Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Convicted of a crime is not an automatic bar to employment-al circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order stating with the most recent. Add another sheet as necessary.)

EMPLOYER			
NAME	FROM MO. YR.	TO MO. YR.	
Address	Position Held		
City State Zip	Salary/Wage		
Contact Person	Phone Number	Reason for Leaving	
Where you subject to the FMCSRs § while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			



\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

§The FMCSRs apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than eight passengers (including driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Accident Record** for the past three years or more (attach sheet if more space is needed) if none, write **none**

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				
Next Previous				

**Traffic Convictions** and forfeitures for the past three years (other than parking violations) if none, write **none**

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

### EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past three years.

State	License Number	Type	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  
 If the answer to either A or B is yes, give details

\_\_\_\_\_

\_\_\_\_\_

**Driving Experience** check YES or NO

Class of Equipment	Circle Type of Equipment	Dates FROM (M/Y) TO (M/Y)	Approx. No. of miles (Total)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Refer)		
Motorcoach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 18 Passengers</small>	--		
Motorcoach – School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 Passengers</small>	--		
Other _____			

List States operated in for last five years: \_\_\_\_\_

\_\_\_\_\_  
Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

Show any trucking, transportation or other experience that may help in your work for LanMills LLC

\_\_\_\_\_

List courses and training other than shown elsewhere in this application

\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)

\_\_\_\_\_

**EDUCATION**

Circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_

Name

City & State

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this was completed by me, and that all entries on it and information in it are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_