



**P.O. BOX 713
SPENCER, IA 51301
PHONE # 712-262-2845
Fax # 712-262-3856**

DATE: _____ NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

PHONE: _____ BIRTH DATE: _____

SOCIAL SECURITY # _____ PHYSICAL EXP. DATE: _____

EMPLOYMENT:

FROM: _____ TO _____ Employer: _____
Position: _____ Address: _____
Reason for Leaving: _____ Phone # _____

FROM: _____ TO _____ Employer: _____
Position: _____ Address: _____
Reason for Leaving: _____ Phone #: _____

ACCIDENT RECORD: (Previous 3 Years)

Date	Type of Accident	Location	#Fatalities	Injuries
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS (Previous 3 Years)

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

DRIVERS LICENSE:

State	License #	Type	Endorsements	Expiration
_____	_____	_____	_____	_____

I GIVE THE MOTOR CARRIER AND ITS AGENTS OR REPRESENTATIVES THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT MY EMPLOYEMNT BACKGROUND. I HEREBY RELEASE FROM ALL LIABILITY FOR DAMAGES THE MOTOR CARRIER AND ITS AGENTS OR REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE. IT IS AGREED AND UNDERSTOOD THAT THIS APPLICATION FOR QUALIFICATION IN NO WAY OBLIGATES THE MOTOR CARRIER TO EMPLOY ME. 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's Signature

Date