

Jason's Hauling, Inc.
 5102 N. 56th Street
 Tampa, FL 33610-5408
 T: (813) 872-8440 / F: (813) 875-7202



Supplemental Application for Commercial Driver Qualifications

By executing this document, you expressly agree and authorize the following:

1. The information given herein is being supplied for the purpose of securing safety clearance and qualifications as a commercial motor vehicle driver in accordance with Part 391 of the Federal Motor Carrier Safety Regulations.
2. As required by Part 391.21(d), you are hereby notified that the information contained and/or provided as a result of this Application may be used for the purpose of Investigating your background.
- 3.

Applicant Information

Today's Date:

Applicant's Name:

Applicant's Date of Birth:

Applicant's Telephone Number:

Can you perform the following sufficiently to converse with the general public, understand highway traffic signs/signals, respond to official inquiries and make entries on reports and records (*Check Yes or No*):

Read English: Yes No

Speak English: Yes No

Write English: Yes No

Residence Record: List ***all*** residences for the past three years from date Application submitted (*attach additional sheet(s) as necessary throughout the Application*).

Address (Current Address First)	City	State	Years	Month

Drivers' License Record: List ***all*** drivers' license held during the previous three years. Also list ***all*** un-expired commercial motor vehicle operator's license or permits, regardless of status (turned in to another state, etc.)

License No.	State	Type	Class	Endorsements	Restrictions	Exp. Date

Has ***any*** license held by you ***ever*** been suspended, revoked or driving privileges and/or application been denied? Yes No
 ■ If Yes, list in detail the facts and circumstances for each suspension, revocation or denial (including dates):

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Have you been **disqualified** from operating a commercial motor vehicle in accordance with Part 391.15 of the Federal Motor Carrier Safety Regulations within the **previous 36 months**? Yes No ▪ If Yes, provide details, including date(s) and offenses(s):

Employment Record: List **all** (driving and non-driving) employment during the previous three years and **all** employment as a driver of commercial motor vehicles during the previous ten years (**most recent first**).

Employer:	Supervisor:
Employer Address:	City/State:
From: _____ To: _____	Telephone:
Reason For Leaving:	

Employer:	Supervisor:
Employer Address:	City/State:
From: _____ To: _____	From:
Reason For Leaving:	

Employer:	Supervisor:
Employer Address:	City/State:
From: _____ To: _____	From:
Reason For Leaving:	

Employer:	Supervisor:
Employer Address:	City/State:
From: _____ To: _____	From:
Reason For Leaving:	

Commercial Motor Vehicles' Record: List **all** experience operating commercial motor vehicles (such as buses, straight-truck, truck trailer, dump truck, vans, limousines, pick-up truck, van trailers, refrigerated trailers, flat-bed, tanker, twin trailers, pole trailers, etc.)

Type of Vehicle	Type of Load:	
Length of Haul:	Years	Months
Type of Vehicle	Type of Load:	
Length of Haul:	Years	Months
Type of Vehicle	Type of Load:	
Length of Haul:	Years	Months
Type of Vehicle	Type of Load:	
Length of Haul:	Years	Months

Motor Vehicle Violations: List **all** violations of motor vehicle (**any vehicle**) law or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the past three years.

Violation	Date	City / State

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Motor Vehicle Accidents: List all motor vehicle (**any vehicle**) accidents in which you have been involved during the past three years.

Accident Date	Description	City / State	No. of Injuries	No. of Fatalities

During the preceding two years, have you violated the Drug / Alcohol Prohibitions of Part 382, Subpart B of the Federal Motor Carrier Safety Regulations? Yes No ▪ If Yes, provide details (include dates):

Certification

I certify that this Application and report if **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:
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