

MiD-America Environmental Solutions

APPLICATION FOR EMPLOYMENT

PREVIOUS THREE YEARS RESIDENCY

Street	City	State	Zip	# Years
Street	City	State	Zip	# Years
Street	City	State	Zip	# Years

Attach Sheet if More Space is Needed

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Tractor - Tanker				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills
				Yes or No
				Yes or No
				Yes or No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

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 _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If yes, explain _____

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EMPLOYMENT HISTORY

Provide the following information for your past three employers, assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor and Title		Nature of work performed and job responsibilities:	
Reason for Leaving:		Hourly Rate/Salary:	Start: \$ _____ per _____ Final: \$ _____ per _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor and Title		Nature of work performed and job responsibilities:	
Reason for Leaving:		Hourly Rate/Salary:	Start: \$ _____ per _____ Final: \$ _____ per _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor and Title		Nature of work performed and job responsibilities:	
Reason for Leaving:		Hourly Rate/Salary:	Start: \$ _____ per _____ Final: \$ _____ per _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

REFERENCES: List below three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known
1		
2		
3		

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TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer or employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d)(e)(i). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date

Applicant's Signature - Typed Name acts as Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature - Typed Name acts as 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.

SAVE OR PRINT DOCUMENT BEFORE YOU HIT SUBMIT. SUBMIT IS BY EMAIL AND DEPENDING ON HOW YOUR EMAIL IS SET UP AS TO HOW IT WILL WORK. IF IT DOESN'T WORK, MAIL US THE APPLICATION. DATA WILL RESET UPON THE HITTING SUBMIT BUTTON.