



**Move It Now**®

# Employment Application

## Applicant Information

Name (Last) (First) (Middle)			Social Security Number	Date of Birth
Present Address (Street, City, State, Zip)				How Long at this address?
Previous Address (Please provide addresses for past 3 years)				How long at this address?
Home Phone ( )	Cell Phone ( )	Email address		

## Experience and Qualifications

Drivers License				
	State	Type	License Number	Expiration Date

Driving Experience				
	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor - Two Trailer				
Other				

Accident Record for Past 3 Years or More (Attach Sheet if Needed)				
	Date	Nature of Accident (Head on/ Rear end/ Upset)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)				
	Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privelege to operate a motor vehicle? Yes  No

Has any license, permit or privelege ever been suspended or revoked? Yes  No

Have you ever been convicted of a felony? \_\_\_\_\_ If ye, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

IF THE ANSWER TO EITHER QUESTION ABOVE IS YES, ATTACH A STATEMENT PROVIDING DETAILS

## Employment Record

Note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

Last Employer	_____
Address	_____
Position	_____ From _____ To _____ Salary _____
Reason for Leaving	_____
Previous Employer	_____
Address	_____
Position	_____ From _____ To _____ Salary _____
Reason for Leaving	_____
Previous Employer	_____
Address	_____
Position	_____ From _____ To _____ Salary _____
Reason for Leaving	_____
Previous Employer	_____
Address	_____
Position	_____ From _____ To _____ Salary _____
Reason for Leaving	_____

### TO BE READ AND SIGNED BY THE APPLICANT

**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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**Fax completed application to: (216) 524-6117  
*careers@moveitnowusa.com***