



**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (attach sheet if more space is needed)**

<b>Dates</b>	<b>Nature of Accident (Head-On, Rear-End, Upset, Etc.)</b>	<b>Fatalities</b>	<b>Injuries</b>
<b>Last Accident</b>			
<b>Next Previous</b>			
<b>Next Previous</b>			

**TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) if none, right none.**

<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

(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?

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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD** (Attach Sheet if More Space is Needed)

NOTE: D.O.T. Requires the Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years be Shown

1) Current Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Were you subject to the FMCSRs<sup>†</sup> while employed?  Yes  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?  Yes  No

2) Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Were you subject to the FMCSRs<sup>†</sup> while employed?  Yes  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?  Yes  No

3) Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Were you subject to the FMCSRs<sup>†</sup> while employed?  Yes  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?  Yes  No

<sup>†</sup>The Federal Motor Carrier Safety Regulations (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 GCWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EDUCATION:**

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

Last school attended: \_\_\_\_\_  
Name Address

**OTHER INFORMATION YOU DEEM PERTINENT TO THIS POSITION: (i.e. relevant training/education)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies the following: 1) 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. 2) I am aware that the employment history presented here may be used for the purpose of investigating my safety performance history information as required by the D.O.T. 3) I am aware that I have a right to review safety related information provided by previous employers for thirty days, the right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer, and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. 4) I agree to follow all rules and regulations of the company, including Cowden Inc and Cowden Brothers Trucking's controlled substances and alcohol policy and submit to pre-employment testing as well as further testing throughout the period of employment. 5) I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, any inquiries regarding medical history will be made only if and after a conditional offer of 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date