

**DRIVERS APPLICATION FOR EMPLOYMENT**

Brabham Family Enterprises, Inc.  
14727 St. Rt. 554  
Bidwell, OH 45614

Date of Application: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address (req.) \_\_\_\_\_

**PREVIOUS ADDRESSES - LAST 3 YEARS**

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**EXPERIENCE AND QUALIFICATIONS**

State	License #	Type	Expiration Date

**Drivers License**

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

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

**DRIVING EXPERIENCE**

Equipment Class	Equipment Type	Dates		Approximate Miles
		From:	To:	

List States operated in for last 5 years: \_\_\_\_\_

**ACCIDENT RECORD**

**Accident Record for past 3 years or more**

Date of Accident	Nature of Accident	Fatalities	Injuries

Have you ever tested positive for, or refused to be tested on any PRE-EMPLOYMENT drug or alcohol test administered by an employer to which you have applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes  No  \_\_\_\_\_ If yes, please give Name, Address, & Phone number on reverse side of this page.  
(Applicants Initials)

## TRAFFIC CONVICTIONS

### Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

## EMPLOYMENT HISTORY

All driver applicants in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. For more employers attach separate sheet.

	From(Mo & Yr.)	To (Mo & Yr)
Name _____		
Address _____		Reason For Leaving:
City _____	State _____ Zip _____	
Contact _____	Phone _____	

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No  
 Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  Yes  No

	From(Mo & Yr.)	To (Mo & Yr)
Name _____		
Address _____		Reason For Leaving:
City _____	State _____ Zip _____	
Contact _____	Phone _____	

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No  
 Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  Yes  No

	From(Mo & Yr.)	To (Mo & Yr)
Name _____		
Address _____		Reason For Leaving:
City _____	State _____ Zip _____	
Contact _____	Phone _____	

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No  
 Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  Yes  No

	From(Mo & Yr.)	To (Mo & Yr)
Name _____		
Address _____		Reason For Leaving:
City _____	State _____ Zip _____	
Contact _____	Phone _____	

Was applicant subject to Federal Motor Carrier Safety Regulations?  Yes  No  
 Was job designated as a Safety Sensitive Function in any DOT regulated mode subject to D & A Testing?  Yes  No

## EDUCATION

Highest grade completed \_\_\_\_\_ Last School Attended: \_\_\_\_\_

signature of applicant \_\_\_\_\_ date: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job-related disability. This certifies that this application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge.