

APPLICATION FOR EMPLOYMENT

Central Supply Company of WV

PO Box 968
 Clarksburg, WV 26302
 304-592-5577 phone
 304-592-5530 fax

Location Applying for:

- Saltwell
- Morgantown
- Elkins

Personal Information

Name _____				
First	Middle	Last	(maiden name, if any)	
Date of Birth _____		Social Sec. No. _____		
Phone Number _____		Cell Phone _____		
Address _____				
Street	City	State	Zip	How Long? _____
Addresses for the past three years				
Address _____				
Street	City	State	Zip	How Long? _____
Address _____				
Street	City	State	Zip	How Long? _____
(Attach additional sheet if necessary)				

Experience & Qualifications - Driver

Driver's License	State	License #	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # Miles (Total)
		To	From	
Straight Truck				
Tractor & Semi-Trailer				
Tractor- Two Trailers				
Other				

Accident Record for the past three (3) years or more (attach additional sheet if more space needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

Traffic Convictions and Forfeitures for the past three (3) years or more (Other than parking violations)
 (attach additional sheet if more space needed)

Location	Date	Charge	Penalty

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

Last Employer

Name _____ Phone _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for leaving _____

Second Last Employer

Name _____ Phone _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for leaving _____

Third Last Employer

Name _____ Phone _____

Address _____

Position Held _____ From _____ to _____ Salary _____

Reason for leaving _____

To be read and signed by 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.