

# B&K Trucking

4135 County Road N

Marathon, WI 54448

Phone: (715) 352-3145

Fax: (715) 352-7246

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Date of Birth \_\_\_\_\_ Telephone No. \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Address } \_\_\_\_\_ How Long? \_\_\_\_\_  
 For Past } (Street) (City) (State & Zip Code)

Three Years } \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

**(Attach sheet if more space is needed)**

### Experience and Qualifications-Driver

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>DRIVER</b>				
<b>LICENSES</b>				

### 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				
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.)	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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 \_\_\_\_\_

**IF THE ANSWER TO EITHER QUESTION 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** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Reasons For Leaving** \_\_\_\_\_

**SECOND LAST EMPLOYER: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Reasons For Leaving** \_\_\_\_\_

**THIRD LAST EMPLOYER: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Reasons For Leaving** \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This confirms 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's 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.**



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To Whom It May Concern:

You have permission to run my Motor Vehicle Record for underwriting purposes only.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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