



EMPLOYMENT APPLICATION (DRIVER ONLY)

This Addendum to Muller Inc's Application for Employment is completed by all persons who apply for positions that require the operation of a motor vehicle. The information requested in this Addendum is required by the US Department of Transportation (DOT), and this information will be used, and prior employers may be contacted for the purpose of investigating an applicant's background as required by and in accordance with DOT regulations.

NAME _____ Today's Date _____

Current Address _____ SS # _____

List all addresses at which you have resided during the three (3) years immediately preceding today's date

Please complete the following for each unexpired motor vehicle operator's license or permit issued to you:

Issuing State or Authority	License/Permit Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe below your experience operating the following motor vehicles (Bus, Class A, Class B vehicle etc.)

Vehicle Type	Years of Experience	Description of CMV Job Functions (Include Class of License Required)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe below all motor vehicle accidents in which you were involved (regardless of fault) during the three (3) years immediately preceding today's date

Date of Accident	Location (City, State)	Circumstances Under Which The Accident Occurred				
_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Bodily Injuries</td> <td style="width: 50%; text-align: center;">Fatalities</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> YES <input type="radio"/> NO</td> <td style="text-align: center;"><input type="radio"/> YES <input type="radio"/> NO</td> </tr> </table>	Bodily Injuries	Fatalities	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
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		Bodily Injuries <input type="radio"/> YES <input type="radio"/> NO	Fatalities <input type="radio"/> YES <input type="radio"/> NO

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Date of Accident	Location (City, State)	Circumstances Under Which The Accident Occurred	
		Bodily Injuries <input type="radio"/> YES <input type="radio"/> NO	Fatalities <input type="radio"/> YES <input type="radio"/> NO

Please describe below ALL violations of motor vehicle laws or ordinances (except parking violations) for which you were convicted or you forfeited bond or collateral during (he three years (3) years immediately preceding today's date.

Date of Violation	Location (City/State)	Nature of the Violation/Law Violated (Personal or Commercial Vehicle?)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license, permit or privilege to operate a motor vehicle ever been revoked or suspended? YES NO

"Yes" please describe in detail the dates, facts and circumstances associated with such revocation/suspension: _____

Has any licensing authority ever denied your request to obtain a license or permit to operate a motor vehicle? YES NO

If you answered "Yes" please describe in detail the dates, facts, and circumstances associated with such denial _____

Please list below the names, addresses, dates of employment, and your reason(s) for leaving such employment for all jobs held by you during the three (3) year period immediately preceding today's date:

Employer Name	Address	Dates of Employment	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section ONLY if you are instructed to do so

The job for which you are applying requires you to operate a motor vehicle which

- Has a gross combination weight rating of 26,000 Or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- Has a gross vehicle weight rating of 26,001 or more pounds; or
- Is designed to transport 10 Or more passengers, including the driver, or
- Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and requires the motor vehicle to be placarded under the I-hazardous 5. Materials Regulations (45 CFR Part 172 Subpart F)

Please provide the names, addresses, dates of employment, and your reasons for leaving such employment for all employers for which you were an operator of a commercial motor vehicle during the seven (7) year period immediately preceding the three (3) year period of employment described above:

Employer Name	Address	Dates of Employment	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

This certifies that this Addendum to Muller, Inc. Application for Employment was completed by me, and that all responses made by me are true and complete to the best of my knowledge

Today's Date

Applicant's Signature