



PETERBILT OF LAS VEGAS
4120 DONOVAN WAY
N. LAS VEGAS NV 89030

EMPLOYMENT APPLICATION – CDL ADDENDUM

NAME: (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____
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 (ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, with the information listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC.)	DATES		APPROXIMATE NUMBER OF TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED	VIOLATION	LOCATION OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

(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 _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORDS

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

- **The complete mailing address must be listed on the application for each employer.**
- **Any gaps in employment and/or unemployment must be explained, including dates and reasons.**
- **State if you were subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer.**
- **Specify on any previous job position if it was designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40.**

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. "I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

APPLICANT'S SIGNATURE

DATE

This certifies that I completed this application, that all entries on it and information in it are true and complete to the best of my knowledge and that all previous employer information is completed as required.

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.