

LMN TRANSPORT LLC.

Employment Application					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE #		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
CURRENT ADDRESS			CITY	STATE	ZIP
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE TO WORK	
EMERGENCY CONTACT		PHONE #		RELATION	

DRIVERS LICENSE INFORMATION						
STATE	LICENSE #			TYPE/CLASS		
EXPIRATION DATE		ENDORSEMENTS				
YEARS DRIVING		DATE FROM		DATE TO		
APROX # OF MILES		TYPE OF EQUIPMENT				
DRIVING VIOLATIONS	Y OR N IF YES EXPLAIN					
DATE CONVICTED	STATE OF VIOLATION		PENALTY			
HAVE YOU EVER BEEN DENIED LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?				YES OR NO		
IF YES, EXPLAIN:						
HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES OR NO						
IF YES, EXPLAIN:						

Employment History					
Current Employer					
NAME					
PHONE #		EMAIL			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
WHILE EMPLOYED HERE WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER REGULATIONS? YES OR NO					
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCAHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40? YES OR NO					

LMN TRANSPORT LLC.

Employment History					
2ND Current Employer					
NAME					
PHONE #		EMAIL			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
WHILE EMPLOYEED HERE WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER REGULATIONS? YES OR NO					
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCAHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40? YES OR NO					

Employment History					
3RD Current Employer					
NAME					
PHONE #		EMAIL			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
WHILE EMPLOYEED HERE WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER REGULATIONS? YES OR NO					
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCAHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40? YES OR NO					

EDUCATION			
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED
HIGH SCHOOL			
COLLEGE			
OTHER			

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I AUTHORIZE YOU TO MAKE INVESTIGATIONS (INCLUDING CONTACTING CURRENT AND PRIOR EMPLOYERS) INTO MY PERSONAL EMPLOYMENT, FINANCIAL MEDICAL HISTORY, AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. 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 ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY.

I UNDESTASND THAT THE INFORMATION I PROVIDE REGARDING MY CURRENT AND/OR PRIOR EMPLOYERS MAY BE USED, AND THOSE EMPLOYER(S) WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATIONG MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23. 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 RESEND 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.

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE MORE INFORMATION THAN THAT REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

APPLICANT SIGNATURE		DATE	
APPLICANT NAME (PRINTED)			