



CLINCH MOUNTAIN TRANSPORT, INC.
P. O. Box 99, 180 Dry Valley Road, Thorn Hill, Tennessee 37881

Application for Employment

Date of Application: _____ Position: Local _____ or OTR _____

Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Current Address: _____
Street City State/Zip

Home Phone Number: _____ Cell Number: _____

E-mail address: _____

List your addresses for the past three years.

Previous Address: _____
Street City State/Zip

Previous Address: _____
Street City State/Zip

Driver License Information

State	License Number	Type	Endorsements	Expiration Date

Accident Record for Past 3 Years: If None, Write None.

Dates	Nature of Accident (Head-on, Rear-end, Sideswipe, Single Vehicle, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years: If None, Write None

Dates	Location of Violation (City and State)	Nature of Violation	Penalty Given

Driving Experience

Class of Equipment	Type of Equipment	Date: From	Date: To	Number of Miles
Straight Truck				
Tractor/Trailer				
Doubles/Triples				
Dumps				

Employment History

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

Current Employer:	Company:	Reason for Leaving
Dates of Employment	Address:	Phone #
From:	City:	State: Zip: Position:
Month/Year	Subject to Federal Motor Carrier Safety Regulation's? Y or N	
To:	Was this job designated as a safety sensitive function subject to	
Month/Year	Drug and Alcohol Regulations under 49 CFR, part 40? Y or N	

Next Employer:	Company:	Reason for Leaving
Dates of Employment	Address:	Phone #
From:	City:	State: Zip: Position:
Month/Year	Subject to Federal Motor Carrier Safety Regulation's? Y or N	
To:	Was this job designated as a safety sensitive function subject to	
Month/Year	Drug and Alcohol Regulations under 49 CFR, part 40? Y or N	

Next Employer:	Company:	Reason for Leaving
Dates of Employment	Address:	Phone #
From:	City:	State: Zip: Position:
Month/Year	Subject to Federal Motor Carrier Safety Regulation's? Y or N	
To:	Was this job designated as a safety sensitive function subject to	
Month/Year	Drug and Alcohol Regulations under 49 CFR, part 40? Y or N	

Next Employer:	Company:	Reason for Leaving
Dates of Employment	Address:	Phone #
From:	City:	State: Zip: Position:
Month/Year	Subject to Federal Motor Carrier Safety Regulation's? Y or N	
To:	Was this job designated as a safety sensitive function subject to	
Month/Year	Drug and Alcohol Regulations under 49 CFR, part 40? Y or N	

Next Employer:	Company:	Reason for Leaving
Dates of Employment	Address:	Phone #
From:	City:	State: Zip: Position:
Month/Year	Subject to Federal Motor Carrier Safety Regulation's? Y or N	
To:	Was this job designated as a safety sensitive function subject to	
Month/Year	Drug and Alcohol Regulations under 49 CFR, part 40? Y or N	

Next Employer:	Company:	Reason for Leaving
Dates of Employment	Address:	Phone #
From:	City:	State: Zip: Position:
Month/Year	Subject to Federal Motor Carrier Safety Regulation's? Y or N	
To:	Was this job designated as a safety sensitive function subject to	
Month/Year	Drug and Alcohol Regulations under 49 CFR, part 40? Y or N	

If necessary, attach an additional sheet to show employment for the last 10 years.

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit, or privilege to operate a motor vehicle? Yes__ No__
- B. Do you have a pending charge or past conviction for DUI? Yes__ No__
- C. Do you have a pending charge or past conviction for possession of controlled substances? Yes__ No__
- D. Have you ever been refused liability insurance? Yes__ No__
- E. Have you ever been convicted of a felony? Yes__ No__
- F. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes__ No__
- G. Are there any other reasons, physically, mentally, or socially that would prevent the completion of any part of the required work to complete the job? Yes__ No__

The fact of a charge and/or conviction does not automatically disqualify an applicant from employment. If the answer to any of the above is yes, state all circumstances and dates below. Attach additional sheet if necessary.

Emergency Contact Information

Name_____Relation_____Number_____

Rights

Pursuant to 49CFR, Part 391.23(i), you have the following rights regarding investigative information.

1. **The right to review information provided by previous employers.**
2. **The right to have errors in the information corrected by the previous employer and for that employer to re-send the corrected information to the prospective employer.**
3. **The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the prospective employee can not agree on the accuracy of the information.**

To Be Read and Signed by Applicant

This certifies that I completed this application, and that all information contained therein are true and accurate to the best of my knowledge.

I authorize you to make such investigations and inquiries into my personal, employment, financial, or medical histories and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries into medical history will be made only after a conditional offer of employment has been made. 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, on any attached resume, or in an any interview(s) may result in my discharge. I understand that I am required to abide by all rules and regulations of Clinch Mountain Transport, Inc.

Applicant's Printed Name

Applicant's Signature

Date