

EMAIL APPLICATIONS TO INFO@CONQUIPLLC.COM

PLEASE PRINT CLEARLY

check application type: Unilateral Joint

LAST NAME: _____ FIRST NAME: _____ MI: _____
MAIDEN NAME IF APPLICABLE

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H): _____ (CELL) _____ DRIVER S LICENSE#: _____

STATE OF ISSUANCE OF DRIVER'S LICENSE: _____

DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: _____

TYPE OF PROSTHESIS WORN, IF APPLICABLE: _____

DESCRIPTION OF OPERATION

STATES OF OPERATION: _____ TYPE OF CARGO: _____ AVERAGE PERIOD OF DRIVING TIME: _____

TYPE OF OPERATION (Sleeper Team, Relay, etc.): _____

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: _____

NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: _____

DESCRIPTION OF VEHICLE(S)

VEHICLE TYPE (truck, truck tractor, bus, etc.): _____ IF BUS, INDICATE SEATING

CAPACITY: _____ MAKE: _____ MODEL#: _____ YEAR: _____

TRANSMISSION TYPE (automatic or manual): _____ # OF FORWARD SPEEDS: _____

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS: _____ REAR AXLE SPEED (designate single speed, 2 speed, 3 speed). _____

TYPE OF BRAKE SYSTEM: _____

STEERING (Manual or power assisted): _____

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: _____

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): _____

DESCRIPTION OF VEHICLE MODIFICATIONS: _____

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT

COMPANY NAME: _____ STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME: _____
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____ HOW LONG? _____
 (Street) (City) (State & Zip code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS FOR THE PAST THREE YEARS:

_____ HOW LONG? _____
 (Street) (City) (State & Zip code)

_____ HOW LONG? _____
 (Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
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)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
 B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

Date

Applicant's Signature