



www.mik-transportation.com

MIK TRANSPORTATION, INC.

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EMPLOYMENT APPLICATION

Name _____
(First) (Middle) (Last)

Address _____ How Long? _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security Number _____

DRIVER LICENSE

State	License No.	Type	Expiration Date

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

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

Location	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes ___ No ___

SEE OTHER SIDE →

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 STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years are shown

Last Employer:

Name_____

Address_____

Position Held_____From_____To_____Salary_____

Reason for Leaving_____

Second Last Employer:

Name_____

Address_____

Position Held_____From_____To_____Salary_____

Reason for Leaving_____

Third Last Employer:

Name_____

Address_____

Position Held_____From_____To_____Salary_____

Reason for Leaving_____

TO BE READ AND SIGNED BY APPLICANT

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.

Date_____ Applicant's Signature_____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations