



**EMPLOYMENT HISTORY**

**Last Employer:** Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_

**Second Last Employer:** Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_

**Third Last Employer:** Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_

Special training related to transportation: \_\_\_\_\_

Safe driving awards and from whom: \_\_\_\_\_

**PHYSICAL HISTORY**

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing) \_\_\_\_\_  
\_\_\_\_\_

Use corrective lenses?     YES    NO      Use hearing aid?    YES    NO

Date of last physical examination: \_\_\_\_\_

Doctor's name and address: \_\_\_\_\_  
\_\_\_\_\_

**To Be Read and Signed by Applicant**

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_