

M&H Contractors, LLC

5060 Malone Road, Memphis, TN 38118, 662-349-1884

DRIVER APPLICATION

49 CFR 391.21

FIRST NAME	MIDDLE NAME	LAST NAME

□□	-	□□	-	□□□□	MAIDEN NAME (IF APPLICABLE) <input style="width:95%;" type="text"/>
DATE OF BIRTH					

□□□□	-	□□	-	□□□□	TELEPHONE NUMBER <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/>
SOCIAL SECURITY NUMBER					

EMAIL <input style="width:95%;" type="text"/>

3-YEAR RESIDENCE HISTORY

CURRENT STREET ADDRESS	CITY	STATE & ZIP CODE	YEARS	MONTHS	/
AT THIS ADDRESS					
PREVIOUS ADDRESS	CITY	STATE & ZIP CODE	YEARS	MONTHS	/
AT THIS ADDRESS					
NEXT PREVIOUS ADDRESS	CITY	STATE & ZIP CODE	YEARS	MONTHS	/
AT THIS ADDRESS					

ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR RESIDENCE HISTORY

DRIVER LICENSES (LIST ALL UNEXPIRED COMMERCIAL DRIVER LICENSES/PERMITS)

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	NUMBER	TYPE (CLASS/ENDORSEMENTS)	EXPIRATION DATE					
				-		-		
				-		-		

DRIVING EXPERIENCE

✓ CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, flatbed, tank, etc.)	DATES		APPROX. # OF MILES (TOTAL)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor with 2 Trailers				
Other				

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ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (head-on, rear-end, sideswipe, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILL	
				Yes	No
ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR ACCIDENT HISTORY					

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

DATE OF CONVICTION/FORFEITURE	LOCATION	CHARGE	PENALTY
ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR VIOLATION HISTORY			

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

B. Has any license, permit or privilege ever been suspended, cancelled or revoked? Yes No
 If yes, explain _____

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EMPLOYMENT RECORD****ACCOUNT FOR AT LEAST 3 YEARS EMPLOYMENT HISTORY AND 10 YEARS COMMERCIAL DRIVING EXPERIENCE****

Most Recent Employer Name		
MAILING ADDRESS		CITY STATE AND ZIP CODE
POSITION HELD		SALARY DATES EMPLOYED FROM / TO
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Next most Recent Employer		
MAILING ADDRESS		CITY STATE AND ZIP CODE
POSITION HELD		SALARY DATES EMPLOYED FROM / TO
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Next most Recent Employer		
MAILING ADDRESS		CITY STATE AND ZIP CODE
POSITION HELD		SALARY DATES EMPLOYED FROM / TO
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Next most Recent Employer		
MAILING ADDRESS		CITY STATE AND ZIP CODE
POSITION HELD		SALARY DATES EMPLOYED FROM / TO
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		

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EMPLOYMENT RECORD continued****ACCOUNT FOR AT LEAST 3 YEARS EMPLOYMENT HISTORY AND 10 YEARS COMMERCIAL DRIVING EXPERIENCE****

Next Most Recent Employer		
MAILING ADDRESS		CITY STATE AND ZIP CODE
POSITION HELD	SALARY	DATES EMPLOYED FROM / TO
		/
Were you regulated by the Federal Motor Carrier Safety Regulations during this job?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Next most Recent Employer		
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Next most Recent Employer		
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Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
Next most Recent Employer		
MAILING ADDRESS		CITY STATE AND ZIP CODE
POSITION HELD	SALARY	DATES EMPLOYED FROM / TO
		/
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Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving		
<i>ATTACH ADDITIONAL SHEET IF NECESSARY TO COMPLETE 3-YEAR/10-YEAR EMPLOYMENT HISTORY</i>		

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT QUESTIONS

As an applicant, applying to perform safety sensitive functions for our company, your are required by 49 CFR Part 40.25(j) to respond to the following questions:

- 1. Have you 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
- 2. If you ansered yes to the question above, can you provide proof that you have successfully completed the DOT return-to-duty process? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). 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 re-send 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."

APPLICANT'S SIGNATURE

DATE

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

APPLICANT'S SIGNATURE

DATE