

CDL APPLICATION

**PREFERRED AIRPARTS LLC
11234 HACKETT RD
KIDRON OH 44636**

APPLICANT INFORMATION

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
SS# _____ **DATE OF BIRTH** _____
DATE _____ **PHONE (____)** _____

DRIVER MEDICAL EXPIRATION DATE _____

PREVIOUS THREE YEARS ADDRESSES

_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____

EMPLOYMENT HISTORY

Give a complete record of all employment for the past three years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten years.

Employer _____

Address _____

City, State, Zip _____

From _____ To _____ Phone _____

Reason for leaving _____

Was employment subject to FMCSR Yes _____ No _____

Was employment subject to DOT drug and alcohol testing Yes _____ No _____

Employer _____

Address_____

City, State, Zip_____

From_____ To_____ Phone_____

Reason for leaving_____

Was employment subject to FMCSR Yes_____ No_____

Was employment subject to DOT drug and alcohol testing Yes_____ No_____

Employer_____

Address_____

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Reason for leaving_____

Was employment subject to FMCSR Yes_____ No_____

Was employment subject to DOT drug and alcohol testing Yes_____ No_____

Employer_____

Address_____

City, State, Zip_____

From_____ To_____ Phone_____

Reason for leaving_____

Was employment subject to FMCSR Yes_____ No_____

Was employment subject to DOT drug and alcohol testing Yes_____ No_____

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor & two trailers			
Other			

Driver's License held in the past three years

State	License #	Endorsement	Expiration Date

Accident Record for the past three years

Date	Nature of Accident	Location of Accident	# of Fatalities	# of injuries

Traffic Convictions and Forfeitures (other than parking violations) in Past three years

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle.

Yes ___ No ___

Has any license, permit or privilege ever been suspended or revoked. Yes ___ No ___

TO BE SIGNED BY APPLICANT

By signing below I certify 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.

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

Signature _____ Date _____