



**EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

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

LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position 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? Yes No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position 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? Yes No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position 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? 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.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) 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."

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE  
This certifies that I completed this application, and 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.



It is the policy of Arrow Moving & Storage Company to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion sex, national origin, age, disability, or veteran status.

Various agencies of the United States Government require employers to collect information on applicants and employees. Information requested on this sheet is for purposes of compliance with these recordkeeping requirements and to determine recruiting and employment patterns. Provision of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. Any information provided will be removed from your application, kept confidential, and used only in accordance with Federal regulations.

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Gender:** Please check the appropriate box:  **Male**  **Female**

**ETHNICITY:**

- Hispanic or Latino**  
A person of Cuban; Mexican; Puerto Rican or Central American; or other Spanish culture or origin regardless of race. (If you checked this box, please do not mark any of the boxes below).
- Non-Hispanic or Latino**

**RACE**

If you selected "Non-Hispanic or Latino," please designate any of the following that apply (you can choose more than one race):

- White** (not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (not of Hispanic or Latino origin) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** (not of Hispanic or Latino origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (not of Hispanic or Latino origin) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (not of Hispanic or Latino origin) – A person having origins in any of the original peoples of the North and South American (including Central America), and who maintain tribal affiliation or community attachment.

**Veteran Status: Check all that apply.**

- I am a disabled veteran.  I am a recently separated veteran.  
Date of discharge (MM/DD/YY): \_\_\_\_\_
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces