

ERVIN CABLE CONSTRUCTION, LLC

PO BOX 10 • STURGIS, KY 42459

(800) 232-7155

Supplemental Application Form pursuant to Federal Motor Carrier Safety Regulation 49 C.F.R. §391.21

Applicant Name _____ Date of Application _____

Position(s) Applied for _____

Social Security Number _____ - _____ - _____ Date of Birth _____

COMMERCIAL DRIVER'S LICENSE

List all commercial driver licenses or permits held in the past 3 years (attach sheet if more space is required).

	State	License Number	Type	Expiration Date
DRIVER	_____	_____	_____	_____
LICENSES	_____	_____	_____	_____
	_____	_____	_____	_____

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

IF THE ANSWER TO EITHER QUESTION IS YES, PLEASE PROVIDE SPECIFIC DETAILS (include dates):

EMPLOYMENT HISTORY

All applicants who may drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. All applicants who may operate a commercial motor vehicle* in intrastate or interstate commerce must also provide an **additional 7 years** of information on those employers for whom the applicant operated such vehicle. (NOTE: List complete mailing address, street number, city, state and zip code, starting with the most recent. Add another sheet if necessary.)

*Commercial Motor Vehicle includes (1) vehicles with a GVWR of 26,001 lbs. or more, or (2) vehicles designed to transport 16 or more passengers (including the driver), or (3) any size vehicle used to transport hazardous materials in the quantity requiring placarding.

Note: for purposes of this application, being subject to the Federal Motor Carrier Safety Regulations means operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER		DATE	
Name _____		From: _____	To: _____
Address _____		Position Held _____	
City _____ State _____ Zip _____		Salary/Wage _____	
Contact _____ Phone Number _____		Reason for Leaving _____	
Were you subject to the Federal Motor Carrier Safety Regulations while Employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact _____ Phone Number _____	Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact _____ Phone Number _____	Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATE
Name _____	From: _____ To: _____
Address _____	Position Held _____
City _____ State _____ Zip _____	Salary/Wage _____
Contact _____ Phone Number _____	Reason for Leaving _____
Were you subject to the Federal Motor Carrier Safety Regulations while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCIDENT RECORD

List all motor vehicle accidents in which you were involved during the last **3 years** (attach sheet if more space is required). If none, write **none**.

Date	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous	Material Spill
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES

List all motor vehicle convictions and forfeitures during the past 3 years (other than parking violations). If none, write **none**.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

Class of Equipment	Equipment Type	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 8 passengers	_____	_____	_____
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 15 passengers	_____	_____	_____
Other _____	_____	_____	_____	_____
List states operated in for last five years: _____				
Which safe driving awards do you hold and from whom? _____				

OTHER EXPERIENCE AND QUALIFICATIONS

List courses and training other than shown elsewhere in the application

List special equipment or technical materials you can work with (other than already shown)

TO BE READ AND SIGNED BY APPLICANT

I understand that the information I provided regarding my current and/or previous employer(s) 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 also understand that I have the right to (1) review any information provided by my previous employer(s); (2) have any errors in the information supplied by my previous employer(s) corrected and resubmitted; and (3) provide a rebuttal statement to the information I still believe is erroneous, if my previous employer(s) and I cannot agree on the accuracy of the information.

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.

Signature: _____

Date: _____