



Application For Employment

Date of Application:

Name (last, first, middle):

Address:

Phone #'s:

home#

cell#

other#

SSN #: _____

DOB (driver's position only): _____

Driver's License # and state:

Residency (last 3 years):

current residency

past residency

past residency

past residency

past residency

past residency

Do you have the legal right to work in the United States? _____

Have you worked for Changes In Latitude before? _____ Dates: _____

Reason for Leaving: _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. Note: List employers in reverse order.

**Employment History
Current Employer**

| | | | |
|------------------------|---------------|----------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | | Phone # | salary: |

Employer

| | | | |
|------------------------|---------------|----------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | | Phone # | salary: |

Employer

| | | | |
|------------------------|---------------|----------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | | Phone # | salary: |

Employer

| | | | |
|------------------------|---------------|----------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | | Phone # | salary: |

Employer

| | | | |
|------------------------|---------------|----------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | | Phone # | salary: |

Employment Con't

Employer

| | | | |
|------------------------|---------------|----------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | | Phone # | salary: |

Employer

| | | | |
|------------------------|----------------|-------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | Phone # | | salary: |

Employer

| | | | |
|------------------------|----------------|-------------|---------------------------|
| Name: | | | Date of Employment |
| Address: | | | from: |
| City: | State: | Zip: | to: |
| Contact Person: | Phone # | | salary: |

Accident History

Note: record of accidents for past 3 years

| | Date: | Nature: | Fatalities/Injuries |
|---|--------------|----------------|----------------------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

Traffic Violations

Note: convictions for last 3 years, excluding parking violations

| Location | Date | Charge | Penalty |
|-----------------|-------------|---------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Criminal History

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor? _____

If yes, please provide details including date and place of conviction:

Note: Providing this information will not necessarily disqualify you for the position of which you are applying.

| Conviction | Date | Location |
|-------------------|-------------|-----------------|
| | | |
| | | |
| | | |
| | | |

Education

location

Did You Graduate?

- 1. High School
- 2. University
- 3. Trade School

Driver Qualification

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ If yes, explain _____

2. Has any license, permit or privilege ever been suspended or revoked? _____ If yes, explain _____

Driving Experience

Class of Equipment

Type

Dates

Approx # of Miles

| | | | |
|------------------------|--|--|--|
| Straight Truck | | | |
| Tractor & Semi-Trailer | | | |
| Tractor - Two Trailers | | | |
| Motorcoach | | | |

Please, list any driving courses or training that you have received _____

To Be Read and Signed By Applicant

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release all schools, employers, and health care providers and other persons from all liability in responding to inquirers and releasing information in connection with my application.

In the event of employment with Changing Your Latitude, LLC I understand that any false or misleading information given in my application or interview may result in my discharge.

_____ date

_____ signature