DATE	OF APPL	ICATION:	

APPLICATION

ADDRESS		Concargo Transportation LLC								
CITY	2117 Directors Roy Indianapolis	W		STATE	IN	ZIP	46241			
	with Federal and State e ex, national origin, age,	qual opportunity laws,	qualified applican	nts are consider						
	T	O BE READ AND	SIGNED BY	APPLICA	NT					
	at information I provide he purpose of investigat						s) will be			
ReviewHave e informHave a	ad that I have the right to winformation provided errors in the information tation to the prospective a rebuttal statement attack cy of the information	by previous employers a corrected by previous employer, and	employers and fo	-						
Applicant Si	ignature: X					Date	_//			
DRIVER NAM		(E	IRST)	(MIDI	N E/					
ADDRESS	(LAST)	○ X 0079	*************************************	(MIDE)LE)					
CITY					 ГЕ	ZIP				
TELEPHONE 1	NUMBER		CELL PHONE							
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WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	FAX:	 EMAIL:		
	REAS			
	ces and alcohol testing specified by 49 CFR		☐ YES	□ NC
*Was this job subject to FMCSA Regul	lations?		☐ YES	
**ACCOUNT FOR PERIOD BETWEE	EN JOBS – Include dates (month/year) and	i reason:	<u> </u>	
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SECOND LAST EMPLOYER COM	PANY NAME:			
ADDRESS:	CITY:	STATE:	ZIP:	
	FAX:			
	REAS			
	-			
			TO:	
JOB DESCRIPTION		FROM:	TO:	☐ NO
JOB DESCRIPTION Were you subject to controlled substance *Was this job subject to FMCSA Regul	ces and alcohol testing specified by 49 CFR	FROM: FROM: R Part 40 during this period?	TO:	☐ NO
JOB DESCRIPTION Were you subject to controlled substance *Was this job subject to FMCSA Regul	ces and alcohol testing specified by 49 CFR	FROM: FROM: R Part 40 during this period?	TO:	☐ NO
JOB DESCRIPTION Were you subject to controlled substance *Was this job subject to FMCSA Regul	ces and alcohol testing specified by 49 CFR	FROM: FROM: R Part 40 during this period?	TO:	☐ NO
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**Any gaps in employment and/or unemployment must be explained.

^{*} The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE #	ТҮРЕ	STAT	ΓE EXP. D.	АТЕ
		(A,B, OR C)		
ENDORSEMENTS (check all that apply):	DOUBLE/TRIPL	<u> </u>	TANK VEHICL	
	☐ PASSENGER VE	EHICLES	HAZARDOUS N	MATERIALS
LIST ANY ADDITIONAL LICENSE(S) HE	TI IN THE DART 3 VE/	A D C .		
	ELD IN THE PAST 3 YEA		PIRATION DATE:	
STATE: NUMBER:		-	PIRATION DATE:	
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HAS YOUR PERMIT, CDL, OR PRIVILED REVOKED OR CANCELLED?	GE TO OPERATE A MOT ☐YES IF YES, EXPLA		R BEEN DENIED, 5	USPENDED, OK
	<u>COLLISIO</u>	<u>ONS</u>		
PLEASE LIST ALL MOTOR VEHICLE CO				
PRIVATE VEHICLE) DURING THE PAST "NONE"				
"NONE"		# OF	# OF	
<u>DATE</u> <u>DESCRIPTION</u>	<u>ON</u> <u>STA</u>		<u>FATALITIES</u>	
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TDA		· NO PODEELTIDE		
TRA	AFFIC CONVICTIONS	AND FORFEITURE	<u></u>	
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EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4
OTHER TRAINING:
HAVE YOU RECEIVED ANY SAFETY AWARDS
OR SPECIAL TRAINING?
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO
<u>GENERAL</u>
HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?
IF SO, WHEN? WHERE?
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU
HAVE APPLIED? TYES TO
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?
IN CASE OF EMERGENCY, CONTACT: ()
Name Telephone number Relationship
MUST BE READ AND SIGNED BY THE APPLICANT
I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also
agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be
discharged without recourse.
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 beautiful that the complete that the complete to the beautiful that the complete that the complet
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.

WORK EXPERIENCE (ADDENDUM PAGE 1)

FOURTH LAST EMPLOYER COMPANY NAME: ADDRESS: CITY: STATE: ZIP: PHONE: FAX: EMAIL: SUPERVISOR NAME: REASON FOR LEAVING? JOB DESCRIPTION FROM: TO: Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NC	Driver Applicant Name:						
ADDRESS: CITY: STATE: ZIP: PHONE: FAX: EMAIL: SUPERVISOR NAME: REASON FOR LEAVING? IOB DESCRIPTION FROM: TO: Wars this job subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NC WAS this job subject to Controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NC WAS THE WAS TH	Social Security Number:						
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SUPERVISOR NAME: REASON FOR LEAVING? JOB DESCRIPTION FROM: TO: Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NOTE: *Was this job subject to FMCSA Regulations?	ADDRESS:	FAY:	EMAIL:		_ ====	_	
JOB DESCRIPTION FROM: TO: Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO *Was this job subject to FMCSA Regulations? YES NO							
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO *Was this job subject to FMCSA Regulations? YES NO	SUPERVISUR NAME.	ND/100	FROM:				
*Was this job subject to FMCSA Regulations?	JOB DESCRIPTION	d clashal tecting specified by 49 CFR /	Dort 40 during this neriod?				N
was this job subject to Pivico A Regulations:			alt 40 during this period.	=		=	
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^{*} The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.