

**PERISHABLE FOOD DISTRIBUTING APPLICATION FOR EMPLOYMENT
(A Trucking company for Ideal Meat J&L Inc.)**

DATE _____ / _____ / _____

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ / _____ / _____ SOCIAL SECURITY NO. _____

HOME PHONE OR CELL PHONE NUMBER _____ E-MAIL ADDRESS _____

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license".
I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE _____ DRIVERS LICENSE NO _____

TYPE OF LICENSE (REGULAR, CHAUFFEURS, CDL) _____ EXPIRATION DATE _____ / _____ / _____

DO YOU HAVE A VALID DOT MEDICAL CARD? YES or NO _____

HAVE YOU HAD A DRUG TEST? _____ WHEN _____ / _____ / _____ PASS OR FAILED? EXPLAIN _____

DRIVING EXPERIENCE

DRIVEN STRAIGHT TRUCKS? YES OR NO _____ DATES FROM _____ TO _____

ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED)

ANY ACCIDENTS IN THE PAST THREE YEARS? _____ DATE OF ACCIDENT _____ / _____ / _____

WHAT KIND OF ACCIDENT? (HEAD ON, REAR-END, FENDER BENDER, ETC.) _____

ANY INJURIES? ANY FATALITIES? EXPLAIN _____

WHO'S FAULT? EXPLAIN _____

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE OF TICKET _____ / _____ / _____

WHAT WAS THE VIOLATION? EXPLAIN _____

DATE OF TICKET _____ / _____ / _____

WHAT WAS THE VIOLATION? EXPLAIN _____

DATE OF TICKET _____ / _____ / _____

WHAT WAS THE VIOLATION? EXPLAIN _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

EXPLAIN _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

EXPLAIN _____

THE SIGNATURE BELOW CERTIFIES AND SWEARS THAT THE INFORMATION PUT ON THIS APPLICATION IS CORRECT AND TRUE.

SIGNED: _____ DATE _____ / _____ / _____