COMMERCIAL DRIVER APPLICATION

Employer: **Atomic Roll-Off**
PO Box 57443
Des Moines, IA 50317
Phone: 515-402-1081   Email: info@atomicrolloff.com

First Name: _____   Middle Initial: _____   Last Name: _____

Date of Birth: _____   Social Security No.: _____-_____-_____

Home Telephone No.: _____   Cell No: _____

Address(s) for 3 years from date of application

Date of Residence: _____to_____Street:_____

City:_____State: _____   Zip: _____

Date of Residence: _____to_____Street:_____

City:_____State: _____   Zip: _____

Date of Residence: _____to_____Street:_____

City:_____State: _____   Zip: _____

Date of Residence: _____to_____Street:_____

City:_____State: _____   Zip: _____

Commercial Driver Licenses Information

Issuing State: _____ License #: _____   Expiration Date: _____

Expiration Date: _____   License Class: _____-   Endorsements & Restrictions: _____

Employment History – Please provide a complete employment history for 3 year from the date of this application.

Current Employer: _____

Address:_____

Telephone Number: _____   Dates of Employment: _____ to _____

Monthly Salary:_____   Supervisor's Name: _____Reason for leaving: _____

If operations of motor vehicle please state type of vehicle, nature and extent:_____

_____

Subject to FMCSR: _____   Safety Sensitive Function in any DOT Regulated mode: _____

Previous Employer: _____

Address:_____

Telephone Number: _____ Dates of Employment: _____ to _____

Monthly Salary:_____ Supervisor's Name: _____Reason for leaving: _____

If operations of motor vehicle please state type of vehicle, nature and extent:_____

_____

Subject to FMCSR: _____ Safety Sensitive Function in any DOT Regulated mode: _____

Previous Employer: _____

Address:_____

Telephone Number: _____ Dates of Employment: _____ to _____

Monthly Salary:_____ Supervisor's Name: _____Reason for leaving: _____

If operations of motor vehicle please state type of vehicle, nature and extent:_____

_____

Subject to FMCSR: _____ Safety Sensitive Function in any DOT Regulated mode: _____

Previous Employer: _____

Address:_____

Telephone Number: _____ Dates of Employment: _____ to _____

Monthly Salary:_____ Supervisor's Name: _____Reason for leaving: _____

If operations of motor vehicle please state type of vehicle, nature and extent:_____

_____

Subject to FMCSR: _____ Safety Sensitive Function in any DOT Regulated mode: _____

Previous Employer: _____

Address:_____

Telephone Number: _____ Dates of Employment: _____ to _____

Monthly Salary:_____ Supervisor's Name: _____Reason for leaving: _____

If operations of motor vehicle please state type of vehicle, nature and extent:_____

_____

Subject to FMCSR: _____ Safety Sensitive Function in any DOT Regulated mode: _____

Misc. Motor Vehicle Information

List all motor vehicle accidents which you have been involved in during the past 3 years: (3 years from date of application)

Date: _____ Nature: _____ Fatalities: _____ Personal Injuries: _____

Date: _____ Nature: _____ Fatalities: _____ Personal Injuries: _____

Date: _____ Nature: _____ Fatalities: _____ Personal Injuries: _____

Date: _____ Nature: _____ Fatalities: _____ Personal Injuries: _____

List all violations of motor vehicle laws or ordinances (other than parking) which you were convicted or forfeited bond or collateral during the 3 years preceding today's date.

Date: _____   Nature: _____

Date: _____   Nature: _____

Date: _____   Nature: _____

Date: _____   Nature: _____

Has your license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? No / Yes
If yes, please explain: _____
_____

Education

Please state the highest level of education completed: _____

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 further state that I understand and give my consent for my previous employers to be contacted for the purpose of investigating my work history.

Signed: _____   Dated Application Submitted: _____

Application and Notification of Previous Employment must be signed and dated to be considered for a position with Atomic Roll-0ff.
Thank you.

NOTIFICATION OF PREVIOUS EMPLOYMENT

The following is a list of my employers I operated a commercial motor vehicle for during a10 year period preceding the date the attached Commercial Driver Application is submitted :

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

Name of Employer: _____

Address:_____

Dates of Employment: _____ to _____   Reason for leaving: _____

I certify that all information furnished is true and complete. I understand that my previous employers may be contacted for the purpose of investigating my work history and hereby give my consent to all employers to speak with Atomic Roll-Off regarding the terms for my employment.

Signed: _____   Dated Application Submitted: _____

MVR RELEASE FORM

Atomic Roll-Off LLC

I hereby authorize Atomic Roll-Off LLC and Donaghy-Kempton Insurers to review my driving record for insurance purposes.

NAME   _____

STATE OF LICENSE   _____

LICENSE NUMBER   _____

DATE OF BIRTH   _____

SIGNATURE   _____

Atomic/forms/employee-sub contractor forms/commercial driver application