



**MORSE LUMBER
MORSE SASH & DOOR**

Morse Lumber
340 West Main Street
Rochester, New York 14608

Morse Sash & Door
40 Jarley Road
Rochester, New York 14623

CDL-A DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name:	Date:
Current Address:	
City:	State: Zip:

Residence Past 3 Years

Address			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

Experience and Qualifications - Driver

MAKE A PHOTOCOPY OF THE DRIVER'S LICENSE AND MEDICAL CERTIFICATE!!!

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE#	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat,, Tank, Etc..	DATES		Approx. # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

DRIVERS APPLICATION

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes attach statement giving details.		
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT RECORD	
<i>All for past 3 years and Commercial Driving Experience for the past 10 years</i>	
Last Employer:	
Position held: _____	From: _____ To _____
Address: _____	City: _____ ST: __
Telephone#: _____	
Reason for Leaving: _____	
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Employer:	
Position held: _____	From: _____ To _____
Address: _____	City: _____ ST: __
Telephone#: _____	
Reason for Leaving: _____	
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Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

Date



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DRIVER APPLICATION ADENDUM (IF MORE SPACE IS NEEDED)

RESIDENCE

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

EMPLOYMENT

Last Employer:			
Position held:	From:	To	
Address:	City:	ST: _	
Telephone#:			
Reason for Leaving:			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes No			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes No			
Last Employer:			
Position held:	From:	To	
Address:	City:	ST: _	
Telephone#:			
Reason for Leaving:			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes No			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes No			
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Reason for Leaving:			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes No			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes No			