



Morse Lumber  
340 West Main Street  
Rochester, New York 14608

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

MORSE LUMBER  
MORSE SASH & DOOR

**CDL-A/B DRIVER APPLICATION:**

<b>Applicant Name:</b>	<b>Date:</b>
<b>Current Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>

**Residence Past 3 Years**

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

**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**

**MORSE LUMBER  
 MORSE SASH & DOOR**

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B. Has any license, permit or privilege ever been revoked?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.		
<b>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</b>		

<b>EMPLOYMENT RECORD</b>	
<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