

**APPLICATION FOR CDL EMPLOYMENT**  
**All information is required to be obtained.**

Employer Name _____	Strasburg Township _____	
Street Address _____	400 Bunker Hill Road _____	
City, State, Zip _____	Strasburg, PA 17579 _____	

*Attach extra sheets if more space is needed for any of the following answers.*

Print Applicant's Name _____			
Current Address _____			
(Street)	(City)	(State)	(Zip)
Date of Birth _____		Social Security Number _____	
Addresses for past three years:		Phone: _____	Email: _____
Address _____			
(Street)	(City)	(State)	(Zip)
Address _____			
(Street)	(City)	(State)	(Zip)

List all Valid Commercial Motor Vehicle Licenses and/or Permits		
Issuing State	License Number	Expiration Date

Nature and Extent of Driving Experience			
Type of equipment	Date from:	Date to:	Total miles driven:

Commercial Motor Vehicle Accident Record for past 3 years			
Date of accident:	Nature of accident	# Fatalities	# Injuries

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years			
Location	Date	Charge	Penalty

Over ...

**Operating Privileges**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_  
Has any license, permit, or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If any answer is "Yes", attach a statement giving details.

**Employment Record for Past 10 Years**

Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2<sup>nd</sup> Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3<sup>rd</sup> Last Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

By signing below, I certify 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

**NOTE:** This employer may require an applicant to provide additional information than is required by the Federal Motor Carrier Safety Regulations. The information provided above and from previous employers may be used for the purpose of investigating the applicant's work history.