



Biddix Transport & Trucking, LLC
 2418 Old Hwy 99 S.
 Mt. Vernon WA 98273
 (360)982-2891

Date _____

Employment Application

1. Contact and Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____ How Long? _____

SSN _____ Telephone _____ Cell _____

Date of Birth _____ Age _____ Race _____ M/F _____ Email Address _____

Past Addresses (previous three years)

Street _____ City _____ State _____ Zip _____ How Long? _____

Street	City	State	Zip	How Long?

2. Experience and Qualifications - Driver

License Number _____ State _____ Type _____ Expiration Date _____

3. Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx # of Miles (Total)
		From	To	
Straight Truck				
Tractor/Semi-Trailer				
Tractor/2 Trailers				
Other:				

4. Accident Record for Past 3 Years of More

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

5. Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

6. Employment Record (attach sheet if more space is needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown

Last Employer Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations: Yes___ No___

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing Yes___ No___

Second Last Employer Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations: Yes___ No___

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing Yes___ No___

Third Last Employer Name _____

Address _____

Position Held _____ From _____ To _____ Salary _____

Reason for Leaving _____

Subject to Federal Motor Carrier Safety Regulations: Yes___ No___

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing Yes___ No___

TO BE READ AND SIGNED BY APPLICANT

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.

Signature _____ Date _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations. (i.e. - DOT Drug Test & Physical - Criminal Background Check)