



🌐 dumpsterkingllc.com

☎ (515) 988-2454

✉ dumpsterkingllc@gmail.com

## COMMERCIAL DRIVER APPLICATION

Thank you for your interest in working for us. Please complete the application and email it to:  
dumpsterkingllc@gmail.com

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### 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: \_\_\_\_\_

### 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 years from the date of this application.

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone 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 : \_\_\_\_\_



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## Employment History Continued

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone 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 \_\_\_\_\_  
 \_\_\_\_\_  
 Subject to FMCSR: \_\_\_\_\_ Safety Sensitive Function in Any DOT Regulated Mode : \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone 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 \_\_\_\_\_  
 \_\_\_\_\_  
 Subject to FMCSR: \_\_\_\_\_ Safety Sensitive Function in Any DOT Regulated Mode : \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone 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 \_\_\_\_\_  
 \_\_\_\_\_  
 Subject to FMCSR: \_\_\_\_\_ Safety Sensitive Function in Any DOT Regulated Mode : \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone 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 \_\_\_\_\_  
 \_\_\_\_\_  
 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: \_\_\_\_\_



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## Misc. Motor Vehicle Information Continued

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: \_\_\_\_\_

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 confirm 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.

Signature: \_\_\_\_\_ Date Application Submitted: \_\_\_\_\_

Application and Notification of Previous Employment must be signed and dated to be considered for a position with Dumpster King LLC. Thank you.



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## NOTIFICATION OF PREVIOUS EMPLOYMENT

The following is a list of my employers I operated a commercial motor vehicle for during a 10 year period preceding the date of the attached Commercial Driver Application is submitted.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

I certify that all information 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 Dumpster King LLC regarding the terms for my employment.

Signature: \_\_\_\_\_ Date Application Submitted: \_\_\_\_\_



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## PAGE FIVE MVR RELEASE FORM

I hereby authorize Dumpster King LLC to review my driving record for insurance purposes.

Name: \_\_\_\_\_

State of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_