



**COMMERCIAL MOTOR VEHICLE OPERATOR
EMPLOYMENT APPLICATION SUPPLEMENT**

Applicants for positions involving the operation of a commercial motor vehicle must comply with Title 49 CFR. As a part of that compliance, applicants must complete this supplemental application and hold a valid state of Florida Class A, B or C Commercial Driver License with the appropriate endorsement for the work they wish to perform.

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____

Have you lived at the above address for the past 3 years? If not, you must provide complete addresses of all places where you have lived during that three-year period. Please attach additional pages if necessary.

Address: _____ County: _____
City: _____ State: _____ Zip: _____

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City: _____ State: _____ Zip: _____

Please list the following information for each unexpired commercial motor vehicle operator license or permit issued to you. Please attach additional pages if necessary.

Issuing State: _____ License#: _____ Exp. Date: _____
Issuing State: _____ License#: _____ Exp. Date: _____
Issuing State: _____ License#: _____ Exp. Date: _____

Please list the type(s) of commercial motor vehicle(s) you operated, the nature and extent of your experience and dates of operation. Please attach additional pages if necessary.

Vehicle: _____ Dates of Operation: _____
Nature and Extent of Experience: _____

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If you have you been involved in any motor vehicle accidents during the past 3 years, you must list the date and nature of each accident and whether there were any fatalities or personal injuries associated with it.

Please list any and all violations of motor vehicle laws or ordinances (other than violations involving only parking) for which you forfeited bond or collateral; were convicted; pled nolo contendere to; or had adjudication of guilt withheld during the past three years.

Please state in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you, or make a statement that no such denial, revocation, or suspension has occurred.

Please list the names and addresses of all previous employers during the past 10 years for whom you operated a commercial motor vehicle. Please attach additional pages if necessary.

Employer Name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Dates of employment from: _____ (mo/day/yr) to: _____ (mo/day/yr)
Reason for Leaving: _____

Employer Name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Dates of employment from: _____ (mo/day/yr) to: _____ (mo/day/yr)
Reason for Leaving: _____

Employer Name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Dates of employment from: _____ (mo/day/yr) to: _____ (mo/day/yr)
Reason for Leaving: _____

- ***If you were in the military, you must provide a copy of your DD214 as a part of this application process.***

I certify that this application was voluntarily completed by me, and that all entries on it and information in it (and any attachments to it) are true and complete to the best of my knowledge. I authorize the University of Florida to gather and/or verify the information and statements I have provided. I further understand that all of my previous employers may be contacted in order to investigate my background in accordance with 391.23 and 383.35, I agree that if I fail to completely disclose all information requested on this form or make any false or misleading statements as a part of this application, that will be just grounds for immediate rejection of my application from consideration for this and all further employment and, if discovered after I am employed, will result in discharge from any position of employment I hold with the University.

Date: _____ Applicant's Signature: _____