



Midwest Portable Storage & Restrooms
 Division of Midwest Rentals Inc.
 52 Sycamore St.
 Lafayette, IN 47905

Application for Employment

Name _____ (First) _____ (MI) _____ (Last) _____ (Maiden Name)

Address _____ (Street) _____ (City) _____ (State & Zip) How Long? _____

Date of Birth _____ Social Sec. No. _____ Phone: _____

ADDRESSES FOR PAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Address _____ (Street) _____ (City) _____ (State & Zip) How Long? _____

Address _____ (Street) _____ (City) _____ (State & Zip) How Long? _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses	State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident:			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) (ATTACH SHEET IF MORE SPACE IS NEEDED)

Location	Date	Charge	Penalty

ADDITIONAL QUESTIONS

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked:

Yes _____ No _____

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

<p style="text-align: center;">EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED) Note: DOT requires that Employment for at least 3 years and/or Commercial Driving Experience for the Past 10 Years is shown</p> <p>Last Employer Name: _____ Address _____ Position Held _____ Dates From _____ to _____ Salary _____ Reason for leaving _____</p> <p>Second Previous Employer Name: _____ Address _____ Position Held _____ Dates From _____ to _____ Salary _____ Reason for leaving _____</p> <p>Third Previous Employer Name: _____ Address _____ Position Held _____ Dates From _____ to _____ Salary _____ Reason for leaving _____</p>
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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.