
APPLICATION FOR EMPLOYMENT



RUTHERFORD ELECTRIC MEMBERSHIP CORPORATION

P.O. Box 1569 ♦ Forest City, North Carolina 28043
Telephone Number (828) 245-1621 ♦ 1-800-521-0920

AN EQUAL OPPORTUNITY EMPLOYER

In compliance with the Federal Motor Carrier's Safety Act we are required to obtain the following information to determine if you are qualified to obtain a commercial driver's license or operate a commercial motor vehicle.

Date of Application _____ Position Applied For _____

Name _____ Soc. Sec. # _____
(Last) (First) (Middle)

ADDRESS _____ Tel. # _____
(Street) (City) (State) (Zip)

If you have lived at the above address for less than 3 years, please list your pervious addresses for the past 3 years.

_____ How Long _____
(Street) (City) (State) (Zip)

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(Street) (City) (State) (Zip)

(Attach Sheet if More Space is Needed)

DRIVER'S LICENSE INFORMATION

PLEASE LIST ALL UNEXPIRED DRIVER'S LICENSES ISSUED TO YOU
(Attach Sheet if More Space is Needed)

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____
2. Has any license, permit or privilege ever been suspended or revoked?
Yes _____ No _____

(IF THE ANSWER TO EITHER 1 OR 2 IS YES, ATTACH STATEMENT GIVING DETAILS)

DRIVING EXPERIENCE AND EMPLOYMENT HISTORY

Please list all employers for the ten years preceding the date of this application. List employers in reverse order starting with the most recent. Indicate the type of motor vehicles operated for each employer. Attach sheet if more space is needed.

Employer		Address	
Telephone No.		Job Title	
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason For Leaving	
Types of Motor Vehicles Operated			

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Telephone No.		Job Title	
Date Employed (mo/yr)	Date Separated (mo/yr)	Reason For Leaving	
Types of Motor Vehicles Operated			

ACCIDENT RECORD

Please list all motor vehicle accidents you have been involved in as a driver for the three years preceding the date of this application. Attach sheet if more space is needed.

Date	Type of Accident (Head-On, Rear-End, Roll Over)	Fatalities (Enter Yes or No)	Injuries (Enter Yes or No)

TRAFFIC CONVICTIONS

Please list all convictions for violating motor vehicle laws (excluding parking violations) for the three years preceding the date of this of this application. Attach sheet if more space is needed

Place of Conviction	Date	Charge	Penalty

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.

Applicant's Signature

Date