

**LP Medical Transportation, LLC**  
**1817 Lee Ave**  
**Hall C Office 18**  
**Sanford NC, 27330**  
**lpmedicaltransportationllc@gmail.com**

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

<b>APPLICANT INFORMATION</b>					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?  YES  NO

<b>PREVIOUS THREE YEARS RESIDENCY</b>					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

<b>LICENSE INFORMATION</b>				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO If yes, explain

## EMPLOYMENT

<b>CURRENT (MOST RECENT) EMPLOYER</b>							
NAME				PHONE			
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							

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<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was The job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<b>SECOND (MOST RECENT) EMPLOYER</b>							
NAME				PHONE			
ADDRESS							
POSITION HELD			FROM MO/YR			TO MO/YR	
REASON FOR LEAVING					SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)							
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was The job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>							

THIRD (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD			FROM MO/YR		TO MO/YR
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
<p>While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was The job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS
<p>Please list any other qualifications that you have and which you believe should be considered.</p>

**TO BE READ AND SIGNED BY APPLICANT**

**Consumer Report Release**

I \_\_\_\_\_ understand and authorize LP Medical Transportation, LLC to perform a criminal history report for employment. This history report will be done at any time during employment with LP Medical Transportation, LLC, and will be done nation and statewide. This report is being done in connection to my application for employment. I also grant promises for LP Medical Transportation, LLC to perform driver records.

**Print Full Legal Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Driver's License number:** \_\_\_\_\_

**Driver's Issue Date:** \_\_\_\_\_

**Driver's Expiration Date:** \_\_\_\_\_

**Driver's License State:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

Applicant Signature		Date	
Applicant Name (printed)			