

MLC TRANSPORTATION, LLC

105 Main Street • PO BOX 217 • Marathon, WI 54448 Local (715)443-2354 • Fax (715)443-6515 800-451-3986

$\frac{\textbf{ADDITIONAL EMPLOYMENT APPLICATION INFORMATION FOR DRIVER}}{\textbf{APPLICANTS}}$

TODAYS DATE:	DATE OF BIRTH:	
List all addresses at	t which you have resided for the previous three years:	
List the State, number been issued to you:	er and expiration date of each current operators license or permit that has	
Summarize the nature Include the type of eq	e and extent of your experience operating commercial motor vehicles.	720 E
List all motor vehicle a DATE	accidents in which you have been involved in for the previous three years: DESCRIPTION INJURIES/FATALITIES	

List all violati	ons of motor vehice vious three years:	cle laws for which you l	nave been convicted	d or forfeited bond
DATE	OFFENSE	LOCATION	TYPE O	F VEHICLE
Have you ever suspended?	had a license, per	mit or privilege to opera	ate a motor vehicle	denied, revoked or
YES		NO		
If yes, explain	· ·			
o d				
below. Include:	name, address, and	plication form, list all p d dates of employment he previous ten years fo	and reason for leave	ing. Also list the same
	32.5	8		
This certifies th	at I completed th	is application and that of my knowledge.	t all entries on it a	nd information in it
			8	
Signature:		9	Date:	