



New Mosaic CMV Driver Application

Mosaic
13830 Circa Crossing Drive
Lithia, Florida 33547

Date of Submission _____

Resume Attached

Employee Name

Last First MI Suffix

Address

Street

City State Zip

Date of Birth

Last 4 digits of Social Security Number

Please list all address that you have resided at for the past 3 years

Same as Above

Address

Street

City State Zip

Address

Street

City State Zip

Address

Street

City State Zip

The issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant

New Driver

Current

State

License Number

Expiration Date

Current

State

License Number

Expiration Date

Current

State

License Number

Expiration Date



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The nature and extent of the applicant's experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which he/she has operated

Equipment Use:	_____	Years of Experience	_____
Equipment Use:	_____	Years of Experience	_____
Equipment Use:	_____	Years of Experience	_____
Equipment Use:	_____	Years of Experience	_____
Equipment Use:	_____	Years of Experience	_____
Equipment Use:	_____	Years of Experience	_____

A list of all motor vehicle accidents in which the applicant was involved during the 3 years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused;

Date	Nature of Accident	Number of Personal Injuries	Number of Fatalities

A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted

A statement setting forth 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 the applicant, or a statement that no such denial, revocation, or suspension has occurred



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A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, the dates he or she was employed by that employer, and the reason for leaving

Employer Name	Address	Dates Of Employment
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Reason for leaving

Employer Name	Address	Dates Of Employment
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Reason for leaving

Employer Name	Address	Dates Of Employment
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Reason for leaving

I acknowledge that this information will remain in my Confidential Driver Qualification file required by DOT regulation Part 391.21 and will be maintained by HR Connect

Employees Signature	Date
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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

Employees Signature	Date
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