

Company-driver employment application

Complete every applicable field. Use N/A or None; add signed and dated continuation pages if needed.

Employer: Merci Logistics LLC | Kent, Washington

Employer street address / city / state / ZIP

22804 110th Ave SE, Kent, WA 98031

Applicant full legal name

Application date

Date of birth

Social Security number - secure return only

Phone

Email

Position applied for

Date available

Current street address / city / state / ZIP

Dates at current address (from / to)

Preferred lanes / schedule / availability (optional)

This application is for company drivers. Contact recruiting to arrange a secure return method.
Do not paste this completed form or identifying information into the website general inquiry.

Residence & license history

List addresses for the past three years and all unexpired CMV licenses / permits; include prior licensing states.

Previous address 1: street / city / state / ZIP

Dates at that address (from / to)

Previous address 2: street / city / state / ZIP

Dates at that address (from / to)

Previous address 3: street / city / state / ZIP

Dates at that address (from / to)

Current CDL: issuing authority / license number / class / endorsements / restrictions / expiration

Other unexpired CMV licenses / permits and licenses held in past three years: authority, number, expiration

Driving experience & license status

Provide equipment types, dates, and approximate miles. Add continuation pages if needed.

Straight trucks: equipment type / dates from-to / approximate miles

Tractor / semitrailer: equipment type / dates from-to / approximate miles

Tractor / multiple trailers: equipment type / dates from-to / approximate miles

Other equipment: equipment type / dates from-to / approximate miles

Any license / permit denial, suspension, or revocation: facts and circumstances (or None)

Accidents & traffic history

Cover the three years before your application date. Include all required entries, or state None.

All motor vehicle accidents: date / nature / fatalities / personal injuries / other details

Traffic convictions or bond / collateral forfeitures (excluding parking only): date / location / charge / outcome

Attach more pages if needed. Identify yourself, number each continuation page, and sign and date it.

Employment history - last three years

List ALL employers in the last three years. Copy this page as needed; explain employment gaps.

Employer 1: name / full address / phone / safety contact

Dates employed (from / to) / position / reason for leaving

Subject to FMCSRs? Yes / No

DOT safety-sensitive testing job? Yes / No

Employer 2: name / full address / phone / safety contact

Dates employed (from / to) / position / reason for leaving

Subject to FMCSRs? Yes / No

DOT safety-sensitive testing job? Yes / No

Explain unemployment, self-employment, or other gaps in the three-year history

Earlier CMV employment

List CMV-driving employers from the seven years preceding the last three years (ten years total).

CMV employer 1: name / full address / phone

Dates employed (from / to) / position / reason for leaving

CMV employer 2: name / full address / phone

Dates employed (from / to) / position / reason for leaving

CMV employer 3: name / full address / phone

Dates employed (from / to) / position / reason for leaving

Copy this page or add signed and dated sheets for every additional applicable CMV employer.

Applicant notice & certification

Read before submitting. This application does not authorize dispatch or replace qualification checks.

Employment-history notice

Merci Logistics LLC will use your employment-history information and contact applicable previous employers to investigate safety performance history under 49 CFR 391.23.

You have the right to review safety-history information provided by previous employers, request correction of errors, and attach a rebuttal if you and a previous employer cannot agree on its accuracy. Contact recruiting to request access or exercise these rights under 49 CFR 391.23(i).

Separate consents are provided where required. Full-query consent must be provided in the official FMCSA Clearinghouse. Any third-party consumer-report screening uses its own applicable disclosure and authorization; this certification is not that authorization.

Applicant certification

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 printed name

Date

Applicant signature - add using your PDF reader, or print and sign
