

TELEPHONE # _____

DRIVER APPLICATION:

Applicant Name:	Social Security #:
Current Address: City: St. Zip	Date of Birth:

Residence Past 3 Years

Address: City: St. Zip	How Long?
Address: City: St. Zip	How Long?
Address: City: St. Zip	How Long?

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

DRIVERS APPLICATION

DRIVER APPLICATION ADENDUM

RESIDENCE

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

EMPLOYMENT

Last Employer: _____			
Position held: _____		From: _____	To _____
Address: _____		City: _____	ST: _____
Telephone #: _____			
Reason For Leaving: _____			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes _____ No _____			
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes _____ No _____			
Last Employer: _____			
Position held: _____		From: _____	To _____
Address: _____		City: _____	ST: _____
Telephone #: _____			
Reason For Leaving: _____			
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes _____ No _____			
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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes attach statement giving details.	
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD
<i>All for past 3 years and Commercial Driving Experience for the past 10 years</i>
Last Employer: _____ Position held: _____ From: _____ To _____ Address: _____ City: _____ ST: _____ Telephone #: _____ Reason For Leaving: _____ Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? Yes _____ No _____ Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes _____ No _____
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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 to the best of my knowledge.

 Applicant's Signature

DATE