

**DRIVER APPLICATION:**

<b>Applicant Name:</b>	<b>Phone Number:</b>	<b>Social Security #:</b>
<b>Current Address:</b>	<b>City:</b>	<b>Date of Birth:</b>
	<b>St. Zip</b>	

**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 From To		Approx # of Miles Total
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

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B. Has any license, permit or privilege ever been revoked?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.		
<b>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?</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>EMPLOYMENT RECORD</b>	
<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 _____	
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 _____ 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 _____ Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes _____ No _____	

*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

**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 _____				
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 _____				
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 _____				
Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance Testing? Yes _____ No _____				