



Driver Application

General Info			
Applicant Name:			SS#:
Current Address:			DOB:
City:	St.:	Zip:	

Residence Past 3 Years			
Address:			How Long?:
City:	St.:	Zip:	
Address:			How Long?:
City:	St.:	Zip:	
Address:			How Long?:
City:	St.:	Zip:	

Experience and Qualifications - Driver				
Make a photocopy of drivers licence and medical certificate. Applicant list the states and license numbers of all licenses held the past 3 yrs.				
STATE	LICENSE #	EXPIRATION DATE	CLASS A, B	ENDORSEMENTS

Driving Experience				
EQUIPMENT CLASS	TYPE OF EQUIP. (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES
		From	To	
STRAIGHT TRUCK				
TRACTOR SEMI-TRAILOR				
TRACTOR W/ DOUBLES				
TRACTOR W/ TRIPLES				
TRACTOR W/ TANK				
OTHER				

Accidents/Crashes over the past 3 years or more			
DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

Moving Traffic Convictions and Forfeitures for the past 3 years

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE

Driver's Application

A. Have you ever been denied a licence, permit or privilege to operate a motor vehicle?	[] Y [] N
B. Has any license, permit or privilege ever been revoked?	[] Y [] N
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?	[] Y [] N

Employment Record

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?	[] Y [] N	
Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing?	[] Y [] N	
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?	[] Y [] N	
Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing?	[] Y [] N	
Last Employer:		
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Address:	City:	St.:
Telephone:		
Reason for leaving:		
Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer?	[] Y [] N	
Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing?	[] Y [] N	

Additional Comments/Explanations

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.

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