

# DRIVER APPLICATION



## Application For Employment

First Name	Middle	Last Name	Social Security Number		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
Date of Birth	Mobile Phone Number	Other Phone Number	Email		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
Emergency Phone Number #1		Emergency Phone Number #2			
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>			
Present Address	City	State	ZIP	County	Yrs at this address
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
*If at current address less than 3 years, list below most recent addresses for the past 3 years.					
Present Address	City	State	ZIP	County	Yrs at this address
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

## Driver's License

Name - Exactly as it appears on your driver's license			Driver License	Class
<input style="width:95%;" type="text"/>			<input type="checkbox"/> DL <input type="checkbox"/> CDL	<input style="width:95%;" type="text"/>
Current Driver's License Number	Issuing State/Province	License Expiration Date	DOT Medical Card	DOT Expiration Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input style="width:95%;" type="text"/>
<b>Driving/Hauling Experience</b>				
Equipment/ Type of truck	Yrs Exp	Equipment/ Type of truck	Yrs Exp	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

## Education

	Name and Location of School	Years Attended	Diploma/Certification
High school	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
College	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Trade or Business School	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

List special courses or training that will help you as a driver:

List driving awards held and who presented them:

### Additional Licenses

List ALL additional licenses held in the past 3 years.

State/Province	License no.	Class	Expiration date

YES  NO Has any license, permit, or privilege ever been suspended, revoked, or denied?

YES  NO Have you ever been convicted for driving under the influence of drugs or alcohol?

YES  NO  
 Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years?

YES  NO Have you ever been convicted of a felony or misdemeanor?

### Accident Review For Past 3 Years

Last Accident	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type

### Trac Convictions & Forfeitures For Past 3 Years

Location	Date	Charge(other Than Parking Violations)	Penalty

## Employment History

YES  NO Are you currently working?

### EMPLOYER #1

Company

Supervisor's Name

Supervisor Phone

Salary

Street Address

City

State/Province

Zip Code

Position Held

From Date (mm/yy)

To Date (mm/yy)

Reason For Leaving

### Driving/Hauling Experience With This Employer

Hauling What?

Number of Months:

Equipment/ Type of Truck

YES  NO Were you subject to the FMCSRs while employed by this employer?

YES  NO Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40?

May we contact current employer?

YES  NO

*This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.*

Print Name

Signature

Date

## Employment History

YES  NO Are you currently working?

### EMPLOYER #2

Company

Supervisor's Name

Supervisor Phone

Salary

Street Address

City

State/Province

Zip Code

Position Held

From Date (mm/yy)

To Date (mm/yy)

Reason For Leaving

### Driving/Hauling Experience With This Employer

Hauling What?

Number of Months:

Equipment/ Type of Truck

YES  NO Were you subject to the FMCSRs while employed by this employer?

YES  NO Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40?

May we contact current employer?

YES  NO

*This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.*

Print Name

Signature

Date