

DRIVER APPLICATION

Company Name: _____ Company Address: _____ _____
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Applicant Name: _____	SS# _____
Current Address: _____ _____	Date of Birth: _____
City: _____ St. _____ Zip: _____ How Long? _____ yrs. _____ mos. _____	

Residence Past 3 Years

Address: _____ City: _____ St. _____ Zip _____ How Long? _____ yrs. _____ mos _____
Address: _____ City: _____ St. _____ Zip _____ How Long? _____ yrs. _____ mos _____
Address: _____ City: _____ St. _____ Zip _____ How Long? _____ yrs. _____ mos _____

Experience and Qualifications as a Driver

State	License #	Expiration Date	Type/Class (CDL A)	Endorsements

Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank)	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	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ? Yes No
 B. Has any license, permit or privilege ever been revoked? Yes 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? Yes No

EMPLOYMENT RECORD	
All for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____	
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____ <input type="checkbox"/> CDL? From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____ FAX: _____	
Reason For Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ADDENDUM

RESIDENCE

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

EMPLOYMENT

Last Employer:	_____				
Position held:	_____	[] CDL?	From: _____	To _____	
Address:	_____		City: _____	ST: _____	
Telephone #:	_____		FAX: _____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:	_____				
Position held:	_____	[] CDL?	From: _____	To _____	
Address:	_____		City: _____	ST: _____	
Telephone #:	_____		FAX: _____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:	_____				
Position held:	_____	[] CDL?	From: _____	To _____	
Address:	_____		City: _____	ST: _____	
Telephone #:	_____		FAX: _____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:	_____				
Position held:	_____	[] CDL?	From: _____	To _____	
Address:	_____		City: _____	ST: _____	
Telephone #:	_____		FAX: _____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:	_____				
Position held:	_____	[] CDL?	From: _____	To _____	
Address:	_____		City: _____	ST: _____	
Telephone #:	_____		FAX: _____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Employer:	_____				
Position held:	_____	[] CDL?	From: _____	To _____	
Address:	_____		City: _____	ST: _____	
Telephone #:	_____		FAX: _____		
Reason For Leaving:	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No				