

Driver Application

1. _____

	Office Use Only Date Approved
Company Name	Date of Application

Company Address _____

2. _____

Name _____

Current Address _____

City / State / Zip _____

3. _____

How long? _____	Phone _____	Social Security No. _____
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4. Date of birth _____

5. List your previous addresses of residency for the past 3 years if different from current address.

Street _____	City _____	State/Zip _____	How long? _____
Street _____	City _____	State/Zip _____	How long? _____
Street _____	City _____	State/Zip _____	How long? _____

6. Experience

Straight Truck _____		Experience _____	Years _____
Semi (List types of equipment such as van, flat, etc.)			
Type _____		From _____	To _____
Type _____		From _____	To _____
Type _____		From _____	To _____
Type _____		From _____	To _____

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7. Traffic Violations Last 3 Years

Date	Location	Charge	Type of Vehicle

8. Accidents Last 3 Years

Date	Location	Description	Type of Vehicle

9. Driver Licenses Held in Last 3 Years

State of License	_____	License #	_____	Exp. Date	_____
State of License	_____	License #	_____	Exp. Date	_____
State of License	_____	License #	_____	Exp. Date	_____

10. Has your license ever been suspended or revoked? _____
 If yes, when _____ For what reason? _____

11. Have you ever been convicted of a felony? _____
 If yes, date and nature of offense _____

12. List all schools or training related to trucking that you have attended.

13. Circle highest educational level completed.
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

14. Have you ever served in the Armed Forces? _____
 If yes, did you receive an honorable discharge? _____

15. Are you a U.S. citizen? _____
 If foreign national, do you have a valid green card? _____

16. List states operated in at least 3 years.

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List all employment during the last 3 years, plus all driving experience for the past 7 years prior to that, for a total of 10 years.

A. Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

B. Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

C. Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

D. Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

E. Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

List any driving experience in the last 10 years NOT listed above

Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

Company _____
Address _____
Phone _____ Dates employed from _____ To _____
Position _____ Reason for leaving _____
Designated Sensitive Function: Yes ___ No ___ Subject to FMCSR: Yes ___ No ___

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TO BE READ BY AND SIGNED BY APPLICANT

*This certifies that I completed this application, and that all entries, and information documented by me are true and complete to the best of my knowledge. **By my signature heretofore, I acknowledge having been given by this carrier which has presented me with this application, a statement of my right to due process as outlined by all parts of 49 CFR Part 391.23 of the Federal Motor Carrier Safety Regulations effective October 29, 2004.** Having made this acknowledgment, I therefore authorize you to make such previous employment and background investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary to arrive at a possible employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.*

Date

Applicant's Signature