

DRIVER APPLICATION



Applicant: Read and sign before submitting this application:

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by §391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant

Date

NAME _____ PHONE _____ SS# _____

CURRENT ADDRESS _____
STREET CITY & STATE ZIP CODE
(IF AT ABOVE ADDRESS LESS THAN THREE (3) YEARS, LIST ALL ADDRESSES FOR PAST THREE (3) YEARS)

LIST ADDRESSES
FOR PAST THREE
YEARS

STREET CITY & STATE ZIP CODE

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR ADDRESSES)

DATE OF BIRTH _____ (ANSWER ONLY IF APPLYING FOR A DRIVING POSITION)

IN CASE OF EMERGENCY – NOTIFY _____
NAME (RELATIONSHIP) ADDRESS PHONE

NOTE: D.O.T. requires employment record for drivers to be shown for a minimum of three (3) years. If you have not shown your complete working history for the three (3) years, please indicate the additional history below. Also list any commercial driving experience not shown in the three (3) years if occurring within the past ten (10) years. Attach additional sheet if more space is needed.

CURRENT EMPLOYER _____
ADDRESS CITY & STATE ZIP CODE

SUPERVISOR _____ LIST OF (3) CO-WORKERS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

NEXT PREVIOUS EMPLOYER _____
ADDRESS CITY & STATE ZIP CODE

SUPERVISOR _____ LIST OF (3) CO-WORKERS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

NEXT PREVIOUS EMPLOYER _____
ADDRESS CITY & STATE ZIP CODE

SUPERVISOR _____ LIST OF (3) CO-WORKERS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ADDITIONAL REFERENCES
(to cover past ten years for all employment)

NEXT PREVIOUS EMPLOYER _____
ADDRESS CITY & STATE ZIP CODE

SUPERVISOR _____ LIST OF (3) CO-WORKERS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

NEXT PREVIOUS EMPLOYER _____
ADDRESS CITY & STATE ZIP CODE

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ADDRESS CITY & STATE ZIP CODE

SUPERVISOR _____ LIST OF (3) CO-WORKERS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 suspended or revoked?

YES ____ NO ____

C. Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations?

YES ____ NO ____

IF THE ANSWER TO A, B, OR C IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		NO. MILES (APPROX. TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRACTOR				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORTFIETURES FOR THE PAST THREE YEARS (OTHER THAN PARKING)

LOCATION	DATE	OFFENSE CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND EACH TYPE _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.) _____

SHOW COURSES OR TRAINING IN PLATFORM WORK _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that the employer of his agent may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508; I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand, as a condition of employment, a copy of my motor vehicle violations record will be obtained from the State Motor Vehicle Agency. I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ Applicant's Signature _____