

# DRIVER APPLICATION FOR EMPLOYMENT

\$391.21

NAME OF CARRIER \_\_\_\_\_

Office Use Only: Start Date ____/____/____
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ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

*Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.*

## PERSONAL DESCRIPTION

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH LAST / FIRST / MIDDLE INITIAL \_\_\_\_\_  
 PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA

CURRENT ADDRESS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

LAST 3 YEARS \_\_\_\_\_  
STREET
CITY
STATE
ZIP

\_\_\_\_\_ STREET CITY STATE ZIP

\_\_\_\_\_ STREET CITY STATE ZIP

\_\_\_\_\_ STREET CITY STATE ZIP

\_\_\_\_\_ STREET CITY STATE ZIP

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ AT PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA

POSITION APPLYING FOR \_\_\_\_\_ PAY RATE EXPECTED \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ARE YOU EMPLOYED? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO \_\_\_\_\_ YES \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? NO \_\_\_\_\_ YES \_\_\_\_\_

## DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

LICENSE TYPE (I.E. CDL CLASS A) \_\_\_\_\_ CDL ENDORSEMENTS \_\_\_\_\_

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN REASON \_\_\_\_\_

HAVE YOU EVER BEEN DISQUALIFIED UNDER §383 OR §391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, EXPLAIN REASON \_\_\_\_\_

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE \_\_\_\_\_

Applicant's Signature

## EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

OTHER TRAINING \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO \_\_\_\_\_ YES \_\_\_\_\_

## DRIVING EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY) **		

## ACCIDENT RECORD LAST THREE YEARS (This information will be verified)

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

## TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

(CONTINUED ON NEXT PAGE)