



DRIVER APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, genetic characteristic, or disability.

Date of Application _____

Name _____

Last

First

MI

List your addresses of residency for the past 3 years.

Current Address _____

Street

City

_____ Phone _____ How long? _____

State

Zip Code

Previous Addresses _____ How long? _____

Street

City

State & Zip Code

_____ How long? _____

Street

City

State & Zip Code

_____ How long? _____

Street

City

State & Zip Code

Do you have the legal right to work in the United States? _____

Have you ever been convicted of a crime under your current or any other name, which has not been expunged from your record? _____

Are you over the age of 18? _____

Are you now employed or under contract with any other company? _____ If not, how long since leaving last employment / contract? _____

Who referred you? _____ Rate of pay expected? _____

Are you able to perform the essential functions of the contract for which you have applied, with or without reasonable accommodations? _____

CONTRACT / EMPLOYMENT HISTORY

All driver application to drive in interstate commerce made provide the following information on all work experience during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those businesses or individuals for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with most recent. Add another sheet as necessary.)

CURRENT EMPLOYER				
COMPANY NAME			DATE	
			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
SECOND LAST EMPLOYER				
COMPANY NAME			DATE	
			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
THIRD LAST EMPLOYER				
COMPANY NAME			DATE	
			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
FOURTH LAST EMPLOYER				
COMPANY NAME			DATE	
			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	
FIFTH LAST EMPLOYER				
COMPANY NAME			DATE	
			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NO.	REASON FOR LEAVING	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attached sheet if more space is needed) if none, WRITE NONE.

ACCIDENT DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (Other than Parking Violations) if none, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

WHAT IS YOUR HIGHEST EDUCATION LEVEL COMPLETED? _____

LAST SCHOOL ATTENDED _____

(NAME)

(CITY)

LIST ANY JOB RELATED CLASSES OR PROGRAMS YOU COMPLETED, AND THE DATES YOU ATTENDED _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	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. HAVE ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATE FROM	DATE TO	APPROX NO. OF MILES (Total)
Straight Truck _____				
Tractor / Semi-Trailer _____				
Tractor- Two Trailers _____				
Motorcoach/School Bus _____				
Other: _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

LIST SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help in your contracting for us

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

VEHICLE

MAKE

MODEL

SERIAL NO.

SHOP INSPECTED DUE

REMARKS _____

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at a contracting decision. I hereby release employers, businesses, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event I am under contract, I understand that false or misleading information given in my application or interview(s) may result in termination of the contract.. I understand, also, that I am required to abide by all rules and regulations of the Contractor, if a contract is offered.

Date

Applicant's Signature