DRIVER APPLICATION

Company Name: _____

Company Address: _____

_____

Applicant Name:	SSAN::
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 From	To	Approx # of Miles Total
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B. Has any license, permit or privilege ever been revoked?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:_____ [ ] CDL? From: _____ To_____
Address: _____City: _____ST:____
Telephone #: _____FAX: _____
Reason For Leaving: _____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: _____
Position held:_____ [ ] CDL? From: _____ To_____
Address: _____City: _____ST:____
Telephone #: _____FAX: _____
Reason For Leaving: _____ Was the driver subject to the FMCSRs? ☐ Yes ☐ No

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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? ☐ Yes ☐ No

Last Employer: _____
Position held:_____ [ ] CDL? From: _____ To_____
Address: _____City: _____ST:____
Telephone #: _____FAX: _____
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

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Telephone #: _____FAX: _____
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: _____
Position held:_____ [ ] CDL? From: _____ To_____
Address: _____City: _____ST:____
Telephone #: _____FAX: _____
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: _____
Position held:_____ [ ] CDL? From: _____ To_____
Address: _____City: _____ST:____
Telephone #: _____FAX: _____
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

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Telephone #: _____FAX: _____
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No