

DRIVER APPLICATION FORM

Region. Dist. Branch _____

COMPANY NAME _____ Application Date _____ Hire Date _____

COMPANY ADDRESS _____
Street City State Zip

NAME _____
Last First Middle SS# D.O.B. Phone Number

ADDRESS _____
Street City State Zip # of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip # of Years

Street City State Zip # of Years

Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). Any gaps in employment must be explained.

You are required to list the complete mailing address: street number, city, state and zip code.

LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

SECOND LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

THIRD LAST EMPLOYER: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

EMPLOYER: _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

EMPLOYER: _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

EMPLOYER: _____

Address _____ Phone _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Did you drive a vehicle requiring a CDL? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS (Include dates and reason) _____

(Check One)

Are you currently working for another employer? Yes No

At this time, do you intend to work for another employer while still employed by this company? Yes No

SECTION 1

SECTION 2

EXPERIENCE AND QUALIFICATION

Attach sheet if more space is needed.

Driving Experience

If none, write the word "none".

SECTION 3

CLASS OF EQUIP.	TYPE OF EQUIP. (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
Straight Truck	_____	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____	_____
Tractor - Two Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

Accident History (3 years)

If none, write the word "none".

SECTION 4

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures (3 years)

If none, write the word "none". (Do not include parking violations).

SECTION 5

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

UNEXPIRED LICENSE

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

SECTION 6

State	License Number	Type	Exp. 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 _____

If the answer to "A" or "B" is yes, give details. _____

Applicant Certification

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.
- I only have one motor vehicle operator's license.

I authorize you to obtain information regarding my previous employment, previous drug and alcohol test results, and my driving record as required by Sections 382.413 and 391.23 of the Federal Motor Carrier Safety Regulations.

SECTION 7

Applicant's Signature Date