

DRIVER APPLICATION FOR EMPLOYMENT

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

Name of Carrier _____ Date _____

Address _____

Street

City

State

Zip

PERSONAL DESCRIPTION

Full Name _____ Social Security _____

Last

First

Middle Int.

Date of Birth ____/____/____ Address _____

Street

City

State

Zip

Phone No. (____) _____ In Case of Emergency Notify _____ at(____) _____

Address Street _____ City _____ State _____ Zip _____

Last three Street _____ City _____ State _____ Zip _____

Years Street _____ City _____ State _____ Zip _____

EXPERIENCE AND QUALIFICATIONS

Valid Drivers License # _____ From the State of _____ Expires On _____

License Type (CDL Class A, Class1 etc) _____ List CDL Endorsements _____

Have you ever been denied a permit, license, or privilege to operate a commercial motor vehicle? _____

Has your license permit or privilege been suspended or revoked? _____

If Yes, Explain _____

DRIVING EXPERIENCE

Power Equipment _____ Type of Equipment _____ # of Years _____ States You Have Driven In _____

Straight Truck _____

Tractor Trailer Power Unit _____ Trailer _____

Bus School _____ Coach _____

Other(Specify) _____

ACCIDENT RECORD LAST THREE YEARS

DATE	Nature of Accident	No of fatalities	No. of injuries	Commercial Vehicle	Personal Automobile
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(Overturn, jack knife, rear end)

TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS

State	Date	Charge	Penalty	Commercial Vehicle or Automobile
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EDUCATION

Please circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

Driver Training _____

Do you have full knowledge of the federal motor carrier safety regulations? _____

Are you now employed? _____ When will you be available _____

Are you prevented from lawful employment in this country because of immigration status? _____

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Last employer: Name _____
 Address _____
 Street City State Zip
 From ___/___/___ To ___/___/___ Position _____ Supervisor's Name _____
 Reason for leaving _____

Second Last employer: Name _____
 Address _____
 Street City State Zip
 From ___/___/___ To ___/___/___ Position _____ Supervisor's Name _____
 Reason for leaving _____

Third Last employer: Name _____
 Address _____
 Street City State Zip
 From ___/___/___ To ___/___/___ Position _____ Supervisor's Name _____
 Reason for leaving _____

Fourth Last employer: Name _____
 Address _____
 Street City State Zip
 From ___/___/___ To ___/___/___ Position _____ Supervisor's Name _____
 Reason for leaving _____

NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions.

Can you perform the functions described in the job description? _____

Please explain how, with or without reasonable accommodation, you will be able to perform those functions _____

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse. 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

OFFICE USE ONLY TO BE USED IN CONJUNCTION WITH INVESTIGATION INTO PREVIOUS EMPLOYMENT

1 ST EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	Results
_____	___/___/___	_____	_____
2nd EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	Results
_____	___/___/___	_____	_____
3 rd EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	Results
_____	___/___/___	_____	_____
4th EMPLOYER CONTACTED	DATE	NAME OF PERSON CONTACTED	Results
_____	___/___/___	_____	_____