## **Driver Application**

Applicant Name:				Social Security #:			
Current Addre	SS:	(	City:	St:	Zip:	Date of Birth:	
			sidence Pas		<b></b> .		
ddress:			City:	St:	Zip:	How Long?	
Address:			City:	St:	Zip:	How Long?	
iddi ess.			oity.		ΖΙΡ.	How Long:	
ddress:			City:	St:	Zip:	How Long?	
						l l l l l l l l l l l l l l l l l l l	
		Experience DRIVERS LICENSI and license numbers	E AND MEDI		ATE!!!	S.	
STATE LI	CENSE #		EXPIRATION	DATE CLASS	S A, B,	ENDORSEMENTS	
			Driving Expe	erience			
Equipment Class		Type of Equipment Van,Flat,Tank,etc.	DATES From	То		Approx # of Miles	
Straight Truc	:k						
Tractor Semi							
Tractor with	Doubles						
Tractor with							
Tractor with							
Other							
		Accidents/Cras	has for the	Dast 2 Voars	or Moro	l .	
	Nietore		iles for the	Past 3 Teals	or more		
11// 16		re of Accident king, Head-on, Rollover, Turning)		Fata	lities	Injuries	
	Mov	ving Traffic Convict	ions and Fo	rfeitures for t			
Date of Conviction	I ()ttonso		Location	on	٥.	pe of Motor Vehicle erated	
CONTRICTION					Ор	Ciutou	
	1						
			ı				

B. Has any license, permit or privilege ever been revoked?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) who a Commercial Drivers License (CDL) to be controlled substances tested with a negprior to driving. Do you consent to such Testing? ☐Yes ☐No		

prior to driving. Do you consent to suc	n resting? ∐Yes ∐N	10			
EMPLOYMENT RECORD All for Past 3 Years and Commercial Driving Experience for Past 10 Years					
Last Employer:	•				
Position Held:	From:	To:			
Address:	City:		St:		
Telephone #:	-				
Reason For Leaving:					
Were you subject to the Federal Motor Car	rier Safety Regulations at	this employer?	□Yes □No		
Was your Job designated as a safety sensi-	tive function in any DOT r	egulated mode an	d subject to		
alcohol and controlled substance testing?	□Yes □No				
Last Employer:					
Position Held:	From:	To:			
Address:	City:		St:		
Telephone #:					
Reason For Leaving:					
Were you subject to the Federal Motor Car			□Yes □No		
Was your Job designated as a safety sensi		egulated mode an	d subject to		
alcohol and controlled substance testing?	∐Yes ∐No				
Last Employer:	_	_			
Position Held:	From:	To:			
Address:	City:		St:		
Telephone #:					
Reason For Leaving:					
Were you subject to the Federal Motor Car			☐Yes ☐No		
Was your Job designated as a safety sensi		regulated mode an	a subject to		
alcohol and controlled substance testing?	☐Yes ☐No				
This certifies that this application was comp true to the best of my knowledge.	leted by me, and that all	entries on it and ir	nformation in it are		
Applicant's Signature	DATE:				

## **DRIVER APPLICATION ADDENDUM**

RESIDENCE				
Address:	City:	St:	Zip:	How Long?
Address:	City:	St:	Zip:	How Long?
Address:	City:	St:	Zip:	How Long?
EMPLOYMENT				
Last Employer:				
Position Held:	From:	-	Го:	
Address:	City:			St:
Telephone #:	,			
Reason For Leaving:				
Were you subject to the Federa	al Motor Carrier Safety Regu	<i>lations</i> at thi	s employer	? □Yes □No
Was your Job designated as a s				
alcohol and controlled substance		, ,		•
Last Employer:				
Position Held:	From:		Го:	
Address:	City:			St:
Telephone #:	J			
Reason For Leaving:				
Were you subject to the Federa	al Motor Carrier Safety Regu	<i>lations</i> at thi	s employer	? □Yes □No
Was your Job designated as a s	safety sensitive function in a	ny DOT regu	lated mode	e and subject to
alcohol and controlled substance	ce testing? Yes No			-
Last Employer:				
Position Held:	From:	7	Го:	
Address:	City:			St:
Telephone #:	-			
Reason For Leaving:				
Were you subject to the Federa	al Motor Carrier Safety Regu	<i>lations</i> at thi	s employer	? □Yes □No
Was your Job designated as a s	safety sensitive function in a	ny DOT regu	lated mode	e and subject to
alcohol and controlled substance		- 0		•