

Altitude Transportation LLC Driver Application

Company Name: Altitude Transportation LLC DBA NoCo Party Bus
Company Address: 2231 E. Mulberry Street Fort Collins, CO 80524

Applicant Name:	SSN:
Phone Number:	Email:
Current Address: City: State: How Long? Yrs. Mos.	Date of Birth:

Residence Past 3 Years

Address: City: St. Zip: How Long? Yrs Mos.
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Experience and Qualifications as a Driver

State:	License #:	Expiration Date:	Type/Class (CDL A)	Endorsements
Medical Card?	Issue Date:	Expiration Date:		

Driving Experiences

Equipment Class? Tractor, Trailer, Bus (etc.)	Type of Equipmet? (Van, Flat, Tank, Etc.)	Dates From: To:	Approx. # of Miles Total

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B. Has any license, permit or privilege ever been revoked?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 requires 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

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 Telephone #: _____ FAX: _____
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Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason for Leaving: _____ Was the driver subject to the FMCSRs? Yes No

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.

Applicants 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 Record	
All for Past 3 Years and Commercial Driving Experience for the Past 10 Years	
Last Employer: _____	
Position held: _____	<input type="checkbox"/> CDL? From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason for Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____	<input type="checkbox"/> CDL? From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason for Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____	<input type="checkbox"/> CDL? From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason for Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	
Position held: _____	<input type="checkbox"/> CDL? From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	FAX: _____
Reason for Leaving: _____	Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No