

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		Approx # of Miles Total
		From	To	
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B. Has any license, permit or privilege ever been revoked?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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Employer: _____	_____
Position held: _____ [] 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: _____ [] 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: _____ [] 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: _____ [] 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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer: _____					
Position held: _____ [] 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: _____ [] CDL? From: _____ To _____					
Address: _____ City: _____ ST: _____					
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Reason For Leaving: _____ Was the driver subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Employer: _____					
Position held: _____ [] 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: _____ [] 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: _____ [] 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					