## **DRIVER APPLICATION FORM**

COMPANY NA	ME	Location: I	Location: Region/District/Branch								
COMPANY AD			O::								
	Street		City		State	Zip					
TO BE READ AND SIGNED BY APPLICANT											
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.											
"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:											
■ Review information provided by current/previous employers;											
■ Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and											
Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."											
Signature Date											
Signature			Date_			· · · · · · · · · · · · · · · · · · ·					
NAME											
	Last ()	First			Middle						
Social Secu ADDRESS	rity Number	Phone Number	Date of Birth	1	Hire	Date					
PAST 3 YEAR	Street	City	State	Zip	Number	of Years					
RESIDENCY	Street	City	State	Zip	Number	of Years					
	Street	City	State	Zip	Number	of Years					
		Employment H	listory								
for all employers for You are required t	ng to drive in interstate commerce my whom you have driven a commercial of list the complete mailing address	Jse Additional Employment History Intust provide the following information on all vehicle seven years prior to the initial the street number and name, city, state	all employers during the nree years (total of ten ye and zip code.	preceding three yea ear employment reco	rd).						
		0:1									
			City								
			(mo	nth/year)	(mc	onth/year)					
	aving			□ NI-							
		ier Safety Regulations** while en ve function in any DOT-regulate			ohol testing reg	uirements of					
	)? Tyes No	S - Include dates (month/year) a	and room	J							
		Cit									
Position Held _			_ From(moi	nth/vear)	10(mo	onth/vear)					
Reasons for Le	aving										
Were you subject Was your job d	ect to the Federal Motor Carr esignated as a safety-sensiti	ier Safety Regulations** while en ve function in any DOT-regulate	mpioyea? Li Yes		ohol testing req	uirements of					
	0? ☐ Yes ☐ No DR PERIOD BETWEEN JOB	S - Include dates (month/year) a	and reason								
*											
Street Address		Cit	v	St	ate Z	Zip					
Position Held _			_ From		То						
Reasons for Le	aving		(mo	nth/year)	(mo	onth/year)					
Reasons for Leaving											
Was your job d		ve function in any DOT-regulate			ohol testing req	uirements of					
*ACCOUNT FO	R PERIOD BETWEEN JOB	S - Include dates (month/year) a	and reason								

<sup>\*</sup>Any gaps in employment and/or unemployment must be explained.

<sup>\*\*</sup>The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## **EXPERIENCE AND QUALIFICATION**

Attach separate sheet if more space is needed

## **Driving Experience**

If no driving experience within the last 3 years – check here

	11 110	driving expendice within th	ie iasi 5 years -	CHECK HEIE	ш								
CLASS OF EQUIPMENT		TYPE OF EQUIPMENT (Circle all that apply)	DAT FROM	ES TO		APPROXII NUMBER OF							
Straight Truck		Van, Reefer, Tank, Flat	2		_	) 							
Tractor & Semi-Trailer		Van, Reefer, Tank, Flat		2	-	S							
Tractor – Two Trailers		Van, Reefer, Tank, Flat			OR	-							
Tractor – Three Trailers		Van, Reefer, Tank, Flat				0							
(Greater than Motorcoach – School Bus 8 passengers)		N/A			-	· ·							
(Greater than Motorcoach – School Bus 15 passengers)		N/A			_								
Other:		Van, Reefer, Tank, Flat, N/A			_	8							
Accident History (3 years)  If no accidents within the last 3 years – check here													
		TURE OF ACCIDENT -on, rear-end, upset, etc.)	NUMBER OF FATALITIES		NUMBER INJURIE		HAZARDOUS MATERIALS SPILL?						
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		\ \ \ \ \ \ \ YES	□ NO						
						YES	$\square$ NO						
				, s		\ \ \ \ \ \ \ \ YES	□ NO						
Traffic Convictions and Forfeitures (3 years)  If no traffic convictions and/or forfeitures in the last 3 years − check here □													
(A)		VIOLATION ations involving parking only)	STATE OF V	IOLATION	PENALTY (Forfeited bond, collateral and/or poi								
License Information													
Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.													
-	License N	lumber	-	Expiratio	n Date	-							
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?   Yes  No If yes, give details													
		e ever been suspended or i											
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.													
Applicant's Signature													