

# NEW DRIVER

## Brito & Son Transport, Inc. Checklist

Start Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CDL #: \_\_\_\_\_

### Copy of each document:

Driver License	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>
DOT Medical Card	<input type="checkbox"/>
Resident / Citizen / Work Perm	<input type="checkbox"/>
TWIC	<input type="checkbox"/>

### For check deposit:

Business Acc	<input type="checkbox"/>
Personal Acc	<input type="checkbox"/>
Account Number #:	_____
Bank Name:	_____

# Pre-employment Qualification

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Circle One

Have you **EVER** failed or refused a **DRUG TEST**, including a pre-employment test? **YES / NO**

Have you **EVER** been arrested or convicted of **DUI**? **YES / NO**

Have you **EVER** refused a breath alcohol test? **YES / NO**

If answered **YES** to either of the two above questions **WHEN?** \_\_\_\_\_

Where: \_\_\_\_\_

Has your License **EVER** suspended, withdrawn or revoked? **YES / NO**

If yes explain Why, Duration, Location: \_\_\_\_\_

Have you **EVER** been arrested or convicted of a **FELONY**? **YES / NO**

If yes Date, County, & Charges: \_\_\_\_\_

Were **EVER** involved **ANY** Crashes, Rear-ending Accident or Roll-Over? **YES / NO**

If yes explain: \_\_\_\_\_

## Driving Experience

Have you driven in the: **SNOW** **ICE** **MOUNTAIN** **TEAM DRIVING**

Do you have ANY points on record? **YES / NO**

If yes explain: \_\_\_\_\_

Are you currently employed? **YES / NO**

If no, Date of when you last worked? \_\_\_\_\_

Current/Last Emp: \_\_\_\_\_

City/State: \_\_\_\_\_ Position: \_\_\_\_\_

Type: **OTR/Local/Freight/Car Hauler**: \_\_\_\_\_ **FM**: \_\_\_\_\_ **TO** \_\_\_\_\_

Phone Number#: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# Driver Experience

Driver Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Employer: \_\_\_\_\_ From: (MO/YR) \_\_\_\_\_  
Address: \_\_\_\_\_ To: (MO/YR) \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Equipment Operated: Tractor Trailer \_\_\_\_\_% Trailer Type Van \_\_\_\_\_%  
Straight Truck \_\_\_\_\_% Reefer \_\_\_\_\_%  
Dump Truck \_\_\_\_\_% Flatbed \_\_\_\_\_%  
Other \_\_\_\_\_% Tank \_\_\_\_\_%  
Other \_\_\_\_\_%

Company's DOT #: \_\_\_\_\_ Radius Traveled: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Employer: \_\_\_\_\_ From: (MO/YR) \_\_\_\_\_  
Address: \_\_\_\_\_ To: (MO/YR) \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Equipment Operated: Tractor Trailer \_\_\_\_\_% Trailer Type Van \_\_\_\_\_%  
Straight Truck \_\_\_\_\_% Reefer \_\_\_\_\_%  
Dump Truck \_\_\_\_\_% Flatbed \_\_\_\_\_%  
Other \_\_\_\_\_% Tank \_\_\_\_\_%  
Other \_\_\_\_\_%

Company's DOT #: \_\_\_\_\_ Radius Traveled: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Employer: \_\_\_\_\_ From: (MO/YR) \_\_\_\_\_  
Address: \_\_\_\_\_ To: (MO/YR) \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Equipment Operated: Tractor Trailer \_\_\_\_\_% Trailer Type Van \_\_\_\_\_%  
Straight Truck \_\_\_\_\_% Reefer \_\_\_\_\_%  
Dump Truck \_\_\_\_\_% Flatbed \_\_\_\_\_%  
Other \_\_\_\_\_% Tank \_\_\_\_\_%  
Other \_\_\_\_\_%

Company's DOT #: \_\_\_\_\_ Radius Traveled: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

Do you have at least 3 years of over the road experience in like-kind equipment? \_\_\_\_\_

Have you been involved in any accidents in the past 3 years?

If yes, please explain: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_