**FleeTrix Driver Application**

Thank you for your interest in joining the FleeTrix team! We are looking for professional and qualified dry van truck drivers to join our growing fleet. Please complete the following application to be considered for a position with us.

**Applicant Information- Highlight and/or check the boxes below**

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Current Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Contact Method**:  
  ☐ Phone  
  ☐ Email  
  ☐ Text Message

**Position Applying For-- Highlight and/or check the boxes below**

* **Job Type**:  
  ☐ Full-Time  
  ☐ Part-Time  
  ☐ Owner-Operator  
  ☐ Local  
  ☐ Regional  
  ☐ OTR (Over-The-Road)
* **Available Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications-- Highlight and/or check the boxes below**

* **CDL Class** (Please select your license class): ☐ Class A  
  ☐ Class B  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Years of Driving Experience**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Have you ever driven a Dry Van Truck?**  
  ☐ Yes  
  ☐ No
* **Do you have a clean driving record?**  
  ☐ Yes  
  ☐ No (If "No," please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Do you have any endorsements?** (Select all that apply)  
  ☐ Hazmat  
  ☐ Tanker  
  ☐ Doubles/Triples  
  ☐ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

**Please list your most recent driving experience.**

* **Company Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Position Held**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Dates of Employment**: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Primary Responsibilities**:
* **Reason for Leaving**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information for Reference**:  
  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Repeat for additional previous employers as needed)

**Availability and Preferences-- Highlight and/or check the boxes below**

* **Preferred Work Schedule**:  
  ☐ Day Shift  
  ☐ Night Shift  
  ☐ Flexible  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Desired Home Time** (Please specify your preference for home time):  
  ☐ Weekly  
  ☐ Bi-Weekly  
  ☐ OTR (Extended Time Away)  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Mileage Preference**:  
  ☐ Local (under 250 miles/day)  
  ☐ Regional (within state or surrounding states)  
  ☐ OTR (over 250 miles/day)

**Health and Safety**

* **Do you have any medical conditions that may affect your ability to drive?**  
  ☐ Yes (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  ☐ No
* **Are you able to pass a DOT physical and drug screening?**  
  ☐ Yes  
  ☐ No
* **Do you have any violations on your driving record in the past 3 years?**  
  ☐ Yes (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  ☐ No

**Additional Information**

* **Why are you interested in working with FleeTrix?**
* **What makes you a great fit for our dry van trucking team?**

**Applicant Certification and Signature- Provide your full name next to signature**

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from consideration for employment. I authorize FleeTrix to conduct background checks, motor vehicle checks, and other relevant checks as part of the application process.

* **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When completed Email FleeTrix at fleetrixtrucking@gmail.com**