



DRIVER APPLICATION

APPLICANT INFORMATION

DATE_____:

NAME_____

PHONE ()_____

SS#_____ Driver License # and Class_____

Do you have OSHA 10 or 30 certification?:_____

PHYSICAL EXAM EXPIRATION DATE_____

Current Pay: _____

Desired Pay: _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____

EDUCATION HISTORY: Please circle the highest grade completed:

- Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
- College: 1 2 3 4
- Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY: Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past five (5) years.

From (Mo/YR)_____ To (Mo/YR)_____

Present or Last Employer

Name_____

Position Held_____

Address_____

Reason for leaving_____ Company phone ()_____

Were you subject to DOT regulations while employed here? _____Yes _____No

From (Mo/YR)_____ To (Mo/YR)_____

Present or Last Employer

Name_____

Position Held_____

Address_____

Reason for leaving_____ Company phone ()_____

Were you subject to DOT regulations while employed here? _____Yes _____No

From (Mo/YR)_____ To (Mo/YR)_____

Present or Last Employer

Name_____

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Address_____

Reason for leaving_____ Company phone ()_____

Were you subject to DOT regulations while employed here? _____Yes _____No

From (Mo/YR)_____ To (Mo/YR)_____

Present or Last Employer

Name_____

Position Held_____

Address_____

Reason for leaving_____ Company phone ()_____

Were you subject to DOT regulations while employed here? _____Yes _____No

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ____Yes ____No

Has any license, permit or privilege ever been suspended or revoked? ____Yes ____No

Is there any reason you might be unable to perform the functions of the job for which you have applied
(as described in the job description)? ____Yes ____No

Have you ever been convicted of a felony? ____Yes ____No

If the answers to any questions listed above are “yes”, give details:

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name_____Address_____Phone_____

Name_____Address_____Phone_____

Name_____Address_____Phone_____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. 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 Signature _____ Date _____

Remarks: (For office use only)
