



Commercial Driver Training Application

921 Cornwall Ave, Bellingham, WA 98225

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PERSONAL INFORMATION

Date _____ Social Security No. _____

Name _____ Date of Birth ____/____/____
 Last First Middle (Required for Commercial Drivers)

Current Address _____ Phone Number _____
 Street City State Zip

List your addresses of residency for the past 3 years.

Previous Addresses _____
 Street City State Zip

 Street City State Zip

EMPLOYMENT HISTORY: All driver applicants to drive intrastate commerce must provide the following information on all employers during the preceding 3 years, and all commercial driving experience for the past ten (10) years.

List complete mailing address, street number, city, state and zip code.

(NOTE: List employers in reverse order with the most recent. Add another sheet as necessary.)

Employer	Telephone Number ()	From (Mo./Yr.)	To (Mo./Yr.)
Address			Hours Per Week
Specific Duties			
Reason for Leaving			Your Title
			Contact Person
Were you subject to the FMCSRs while employed here? _____ Yes _____ No			
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			
Employer	Telephone Number ()	From (Mo./Yr.)	To (Mo./Yr.)
Address			Hours Per Week
Specific Duties			
Reason for Leaving			Your Title
			Contact Person
Were you subject to the FMCSRs while employed here? _____ Yes _____ No			
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Employer	Telephone Number ()	From (Mo./Yr.)	To (Mo./Yr.)
Address			Hours Per Week
Specific Duties			
Reason for Leaving			Your Title
			Contact Person
Were you subject to the FMCSRs while employed here? _____ Yes _____ No			
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No			

ACCIDENT RECORD

For the past 3 years or more (attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS AND FORFEITURES

For the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

DRIVER LICENSES

State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege over been suspended or revoked?	Yes	No

If the answer to A or B is Yes, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
EDUCATION: Please list the highest education obtained:	High School	Ged		College: Degree:

OPTIONAL INFORMATION: Please circle answer

*Hispanic Y/N ** Disability Y/N ** Veteran Y/N*

*RACE 1White/Caucasian *2Black/AfricanAmerican *4American Indian/Alaska Native *5Asian *6HawaiianNative/PacificIslander *7MultiRacial *8Other *9Unknown*

AUTHORIZATION

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

Date	Signature
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