## PEACE 4U COMMERCIAL DRIVER APPLICATION

Company					
City			State		Zip
		APPLICANT IN	FORMATIO	N	
DATE		Position applying for:	Contractor	Driver	Contractor's Driver
			Contractor	Bilver	Contractor 5 Birrer
PHONE (	)	EMERGE E OF BIRTH	ENCY PHON	<b>E</b> (	)
AGE	DAT	E OF BIRTH		SS#	
(The Age Discriming but less than 70 year.)	паноп ој Етріоуте	nt Act of 1967 prohibits discrimination	on on the basis of a	ge with respect	to individuals who are at least 40
DRIVER'S I	EMAIL ADD	RESS:			
PHYSICAL EX	KAM EXPIRAT	ION DATE			
		REE YEARS ADDRESSES:	_FROM		TO TO
					TO
Reason for leaving EDUCATIO		ompleted: Grade school: 1 2	2345678910	0 11 12	
		College: 1 2 3			3 4
		EMPLOYMEN'	I HISTORY	:	
		of all employment for the past mmercial driving experience for			y unemployment or self
Mo/Yr From	Mo/Yr To	Present or Last Employer Name			
Position Held_		Address			
Reason for leav	ing		Comp	oany phone (	)
Was your job de		As while employed here?	DOT- regulated	mode subjec	No et to the drug and alcohol _No

Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held	<u> </u>	Address	
Reason for lea	aving		Company phone ( )
Company's E	mail Address:		Company's Fax#:
Was your job	designated as a sa	As while employed here?	regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held		Address	
Reason for lea	aving		Company phone ( )
Was your job testing require Mo/Yr	designated as a sa ements of 49 CFR Mo/Yr	Part 40? Yes  Present or Last Employer	regulated mode subject to the drug and alcoholNo
			Company phone ( )
Company's E	mail Address:		Company's Fax#:
Was your job	designated as a sa	As while employed here?	regulated mode subject to the drug and alcohol
Mo/Yr From	Mo/Yr To		
Position Held		Address	
Reason for lea	aving		Company phone ( )
Company's E	mail Address:		Company's Fax #:
Was your job	designated as a sa		YesNo regulated mode subject to the drug and alcohol No

	Mo/Yr			
From	To	Name		
Position Held_		Address		
Reason for leav	ing		Company phone ( )_	
Company's Em	ail Address:		Company's Fax #:	
Was your job d	esignated as a sa		Yes OT- regulated mode subject to the es No	
Mo/Yr	Mo/Yr	Present or Last Employer		
From	To	Name		
Position Held_		Address		
Reason for leav	ing		Company phone ( )_	
			Yes	
		fety-sensitive function in any DC Part 40?Y	T- regulated mode subject to the esNo	drug and alcohol
		-vear history, if needed.)		

## DRIVING EXPERIENCE

	т			
Class of Equipment	From	То	Approximate Num	ber of Miles
Straight Truck				
Tractor & Semi-				
trailer Tractor & two				
trailers				
Tractor & triple				
trailers				
Other				
	4 1 (6 (5)			
List states operated in, fo	or the last five (5) years:			
List special courses/train	ning completed (PTD/DDC, I	HAZMAT,ETC)		
List any Safe Driving A	wards you hold and from who	om:		
Accident Record for pa	ast three (3) years: (attach s	heet if more space is n	eeded):	
_		Location of	# of	
Date of Accident	Nature of Accidents	Accident	Fatalities	# of People Injured
	(Head on, rear end,			
	etc.)			
	d Forfeitures for the last the			
Date	Location	Charge	Penalty	
	ach driver's license held in			
State	License	Туре	Endorsements	Expiration Date
_				
				+
Have you ever been den	ied a license, permit or privile	ege to operate amotor ve	ehicle? Yes	No
Has any license, permit	or privilege ever been suspen	ded or revoked?	Yes	No
	might be unable to perform th	e functions of the job fo		
he job description)?		3	Yes	No

Have you ever been convicted		Yes	No
If the answers to any questions	listed above are "yes", give details_		
	<u> </u>	<u> </u>	
	Job References		
	Job References		
List three (3) persons for refere	ences, other than family members, who have	e 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 the dishonesty.	nt any misrepresentation given on this appli	ication shall be considered an act of	c
any and all information of con	nt the motor carrier or his agents may inves cern to applicant's record, whether same is nerein from all liability for any damages on	of record or not, and applicant rele	eases
	nd that under the Fair Credit Reporting Act, avestigating Consumer Report, including injustics, and mode of living.		
I agree to furnish such additional application file.	nal information and complete such examina	ttions as may be required to complet	e my

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)			