

New Beginnings Logistics – CDL Driver Application

APPLICANT INFORMATION

Full Name:

Date of Birth:

Phone Number:

Email Address:

Address:

CDL License Number:

State Issued:

Expiration Date:

DRIVING EXPERIENCE

Total Years CDL Experience:

Manual Transmission Experience:

Type of Driving Experience:

DOT SAFETY HISTORY

Failed or Refused DOT Drug/Alcohol Test:

Accidents (Past 3 Years):

Moving Violations (Past 3 Years):

EMPLOYMENT HISTORY – PAST 3 YEARS (DOT Required)

Employer 1

Company Name_Employer_1:

Position_Employer_1:

Start Date_Employer_1:

End Date_Employer_1:

Reason for Leaving_Employer_1:

Employer Phone_Employer_1:

Employer 2

Company Name_Employer_2: