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Address					
City			State		Zip
		APPLICANT INI	FORMATIO	N	
		Position applying for:	Contractor	Driver	Contractor's Driver
NAME PHONE (	)	EMERG	ENCY PHO	NE (	)
AGE (The Age Discrimin but less than 70 year	ation of Employment rs of age.)	<b>TE OF BIRTH</b> at Act of 1967 prohibits discrimination	on on the basis of ag	e with respect	t to individuals who are at least 4
PHYSICAL EX	AM EXPIRATIO	ON DATE			
CURRENT & P	KEVIOUS THR	EE YEARS ADDRESSES:	FROM		ТО
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Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
Position Held		Address	
Reason for leaving	g		Company phone ( )
Was your job desi	gnated as a saf	s while employed here? ety-sensitive function in any DOT- Part 40?Yes	YesNo • regulated mode subject to the drug and alcohol No
Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
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Mo/Yr From	Mo/Yr To	Present or Last Employer Name	
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Reason for leaving	g		Company phone ( )
Was your job desi	gnated as a saf	s while employed here? ety-sensitive function in any DOT- Part 40? Yes year history, if needed.)	regulated mode subject to the drug and alcohol

# DRIVING EXPERIENCE

Class of Equipment	From	То	Approximate Number of Miles
Straight Truck			
Tractor & Semi-			
trailer			
Tractor & two			
trailers			
Tractor & triple			
trailers			
Other			

List states operated in, for the last five (5) years:

List special courses/training completed (PTD/DDC, HAZMAT, ETC)\_\_\_\_\_

List any Safe Driving Awards you hold and from whom:

## 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

#### Driver's License (list each driver's license held in the past three(3) years:

State	License	Туре	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Has any license, permit or privilege ever been suspended or revoked?	YesYes	No No
Is there any reason you might be unable to perform the functions of the job for which y the job description)?	you have applied (as d Yes	lescribed in No
Have you ever been convicted of a felony? If the answers to any questions listed above are "yes", give details	Yes	No

## **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 or his agents 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)**