NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG: \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SEC. NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS-DRIVER

|  |  |  |  |
| --- | --- | --- | --- |
| STATE | LICENSE NO. | TYPE | EXPERIATION DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

DRIVING EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIP.(VAN, TRUCK, FLAT) | DATEFROM | DATE TO |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR AND SEMI |  |  |  |
| TRACTOR- TWO TRAILERS |  |  |  |
| OTHER |  |  |  |

ACCIDENT RECORD FOR PAST3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

|  |  |  |  |
| --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT(HEAD ON, REAR END, ETC) | FATALITIES | INJURIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(ATTACH SHEET IF MORE SPACE NEEDED)

HAVE YOU EVER BEEN DENIED A LICENSE PERMIT OR PRIVELEGE TO OPERATE A MOTOR VEHICLE? YES \_\_\_ NO\_\_

HAS ANY LICENSE PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOLVED YES\_\_\_ NO \_\_\_

IF THE ANSWER TO EITHER OF THESE IS YES, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

**NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN**

LAST EMPLOYER:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ SALARY \_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECOND LAST EMPLOYER

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ SALARY \_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIRD LAST EMPLOYER

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_ SALARY \_\_\_\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TO BE READ AND SIGNED BY APPLICANT**

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 \_\_\_\_\_\_\_\_\_\_\_\_ APPLICANTS SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DRIVERS NAME)

(DRIVER’S SOCIAL SEC. NO)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIVE VALENCIA TRUCKING CORP. FULL PERMISSION TO CONTACT ALL PREVIOUS EMPLOYERS

(SIGNED)