



CONTRACT DRIVER APPLICATION

Podium Logistics Express, LLC
5940 Hwy 21 South
Rincon, GA 31326

NAME: _____
(FIRST) (MIDDLE) (MAIDEN IF ANY) (LAST)

ADDRESS: _____ HOW LONG? _____

DATE OF BIRTH: _____ SOCIAL SECURITY/EIN: _____

TELEPHONE: _____ EMAIL: _____

EDUCATION HISTORY:

Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

PREVIOUS THREE YEARS RESIDENCY

_____ HOW LONG? _____
_____ HOW LONG? _____
_____ HOW LONG? _____

(ATTACH SHEET IF NECESSARY)

LICENSE INFORMATION

Section 383.21 FMCSR state, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below. _____ (initial)

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPOXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR TRAILER				
TRACTOR WITH TWO 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 3 YEARS OR MORE (ATTACH SHEET IF NECESSARY)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS?
				YES _____ NO _____
				YES _____ NO _____
				YES _____ NO _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (NOT PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege every been suspended or revoked? Yes _____ No _____

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes _____ No _____

D. Have you ever been convicted of a felony? Yes _____ No _____

If you answered yes to any of the questions A-D, explain and give details: _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years.

(Total Of Ten Years Employment Record If All In A Commercial Motor Vehicle)

MUST LIST THE COMPLETE MAILING ADDRESS, WITH STREET NUMBER, NAME, CITY, STATE AND ZIP CODE.

LAST EMPLOYER _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____

ANY GAPS IN EMPLOYEMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

EMPLOYER _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____

ANY GAPS IN EMPLOYEMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

EMPLOYER _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____

ANY GAPS IN EMPLOYEMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

EMPLOYER _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ___ No ___

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

This certifies that I completed this application, and that all entries on it and information provided are true and complete to the best of my knowledge.

SIGNATURE

DATE

COMMENTS (OPTIONAL)