

DAFA CARGO, LLC.  
181 Pacific Ave.  
Jersey City, NJ 07304



DATE: \_\_\_\_\_

**COMMERCIAL DRIVER APPLICATION**

**PERSONAL DESCRIPTION**

NAME: \_\_\_\_\_ DATE OF BRITH: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ S.S. No.: \_\_\_\_\_  
PHONE No.: \_\_\_\_\_

IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE No.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
LAST 3 YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ PAY RATE EXPECTES: \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? NO: \_\_\_\_ YES: \_\_\_\_  
IF YES FROM \_\_\_\_\_ TO \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF INMIGRATION STATUS? NO: \_\_ YES: \_\_

HAVE YOU EVER BEEN CINVICTED OF A FELONY, MISOEMEAVOR, OR CRIMINAL VIOLATION? NO: \_\_ YES: \_\_

**DRIVER'S LICENSE INFORMATION (This information will be verified)**

VALID DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE TYPE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CDL ENDORSEMENTS: \_\_\_\_\_

HAS YOUR LICENSE, PERMIT, CAPRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENE, REVOKED, OR SUSPENDED?

NO: \_\_\_\_ YES: \_\_\_\_ IF YES EXPLAIN REASON \_\_\_\_\_

HAVE YOU EVER BEEN DISQUALIFED UNDER 333 OR 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

NO: \_\_\_\_ YES: \_\_\_\_ IF YES EXPLAIN REASON \_\_\_\_\_

I CERTIFY I DO NOT HAVE MORE THAN ONE DRIVER'S LICENSE \_\_\_\_\_

APLICANT'S SIGNATURE

**EDUCATION**

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

OTHER TRANING: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? NO: \_\_ YES: \_\_

**DRIVING EXPERIENCE**

TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
TRACTOR		
TRAILER / TANK		
STRAIGHT TRUCK		
BUS		
OTHER (SPECIFY)		

**LAST THREE JOBS**

COMPANY NAME	PHONE	COMPANY CONTACT	TIME IN THE COMPANY

**ACCIDENT RECORD LAST THREE YEARS (This information will be verified)**

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

**TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS (This information will be verified)**

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

SIGNATURE: \_\_\_\_\_

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