

FIRST CLASS ROADSIDE ASSISTANCE COMMERCIAL DRIVER APPLICATION

APPLICANT INFORMATION

NAME:			
DRIVER LICENCE NUMBER:			
DRIVER LICENCE CLASS :			
Address			
City	State	Zip	
PHONE :()			
EMERGENCY PHONE : ()			
AGE DATE OF BI	RTH		
SS#			
Position applying for: ROCKE	R DRIVER FLATE	BED DRIVER	
DRIVING EXPERIENCE:			
Class of equipment :	from:	to :	
EDUCATION HISTORY: Please circle the highest grade completed			
		1 2 3 4 5 6 7 8 9 10 11 12 Post Graduate: 1 2 3 4	
EMPLOYMENT HISTORY:			
Give a COMPLETE RECORD of all employment or self	ent for the past three (3) years,	including any unemployment	
COMPANY NAME:	FROM	TO	
COMPANY NAME	FROM	ТО	



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 tinvestigation 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 applican 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