

DRIVER'S APPLICATION FOR EMPLOYMENT

COMPANY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

*****PLEASE PRINT*****

Date of Application _____ Applicant's Phone () _____ - _____

Position(s) Applied for _____

NAME _____ SOCIAL SECURITY NO. _____
(Last) (First) (Middle)

DATE OF BIRTH _____ Can You Provide Proof of Age? _____

CURRENT ADDRESS _____ How Long? _____
(Street) (City) (State & Zip Code)

ADDRESS } _____ How Long? _____
(Street) (City) (State & Zip Code)
 FOR } _____ How Long? _____
 PAST } _____ How Long? _____
 THREE } _____ How Long? _____
 YEARS } _____ How Long? _____
(Street) (City) (State & Zip Code)
(Street) (City) (State & Zip Code)

(Attach Sheet if More Space is Needed)

Do you have the legal right to work in the United States? _____

Are you presently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSE NO. _____ EXPIRATION DATE _____

STATE _____ TYPE _____

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

Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER IS YES TO EITHER QUESTION ABOVE, PLEASE ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE IF NONE, WRITE NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach Sheet if More Space is Needed) IF NO ACCIDENTS, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City)

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.

*****Please List Employment Beginning with Most Recent Employment.*****

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____



EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
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Position Held _____ From _____ to _____ Salary _____
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EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

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

Applicant's Signature

