



MOTOR CARRIER INFORMATION:

LEFT BLANK FOR COMPANY PURPOSE

DRIVER APPLICATION

Position desired:

- Company Driver** **Team with** _____
 Owner Operator **Driver for Owner Operator:**
 Name of O/O: _____

DATE: _____

PERSONAL DATA

NAME: _____
First Middle Last

ADDRESS: _____ **HOW LONG?** _____
Street City State Zip

LIST ADDRESSES FOR THE PAST THREE YEARS

Street City State Zip **HOW LONG?** _____

Street City State Zip **HOW LONG?** _____

HOME PHONE: (____) _____ **SOC. SEC. #** _____ **DATE OF BIRTH** _____

CELL PHONE: (____) _____ **EMAIL ADDRESS:** _____

IN CASE OF EMERGENCY, NOTIFY: _____
Name Relationship Phone No.

HOW WERE YOU REFERRED TO OUR COMPANY? _____

CDL

NOTE: The D.O.T. requires that no driver possess more than one license. That license must be issued by the state in which you reside. List all CDL information for licenses issued in the past 3 years.

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	DATE ISSUED	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HAVE YOU EVER HAD A DRIVER'S LICENSE REVOKED, SUSPENDED, OR DENIED? YES NO
 IF YES, WHEN & REASON: _____

INFORMATION

LIST ALL CONVICTIONS, MOVING VIOLATIONS, TRAFFIC CITATIONS, ACCIDENTS and/or DISQUALIFICATIONS IN PAST 5 YEARS (attach additional sheet if necessary):

Date Of Violation	Type Of Violations	Location	Violation/Accident Description	Penalty/ Fine
_____	_____	_____	_____	_____

Are you familiar with D.O.T. Safety Regulations as they apply to drivers of commercial vehicles and agree to comply with these regulations upon hire? YES NO

Have you ever been disqualified by a carrier for violating the D.O.T. Safety Regulations YES NO

If yes, Please explain: _____

In the past 3 years have you ever tested positive or refused a test on any drug and/or alcohol test? (Including companies applied to, but not worked for)? YES NO

EXPERIENCE

Types of cargo you have hauled?
 Liquid General Refrigerated Hanging Meat Steel Other _____

Have you ever hauled Hazardous Materials? YES No Type _____
 If so, when were you last certified? _____

Type of equipment operated?
 Tanker Tractor/Trailer Van Flat Straight Truck Heavy Equipment Other _____

List any special courses and/or training you have completed that will help you as a driver: _____

****Attention all Driver Applicants:** All applicants must provide the following information for all companies in which they have been employed/leased to **within the last 10 years**. Failure to provide this information in its entirety may result in either a failure to complete or a delay in completing the qualification process due to our inability to verify previous employment as required by regulation. (Attach separate sheet if necessary)

Please list work history in reverse order, beginning with most recent. **Note: ALL DATES IN THE LAST 10 YEARS MUST BE LISTED.**
 If any time is missing, this application will be considered incomplete. If self employed, list type of work performed and any and all carriers leased to during that time, If self-employed or unemployed for any period of time, you will be required to furnish documentation.

PRESENT EMPLOYER:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> No If no, why?
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____

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. I further certify that I am currently qualified (and will maintain qualification) as a commercial vehicle driver, in accordance with all FMCSR regulations. I authorize the prospective carrier to perform any investigation pertinent to the position for which I am applying for (including any information required in parts 382 and 391 of the FMCSR Title 49 Code of Federal Regulations, Driver Information Resource –pre-employment screening program, and any Federal and State criminal records). I hereby release all schools, persons, and companies listed above harmless from any and all liability or damages for providing requested information.

Applicant Signature: _____ Date: _____

EMPLOYMENT HISTORY CON'T

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ Position Held: _____ Salary/Wage: _____ Reason for Leaving: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ Position Held: _____ Salary/Wage: _____ Reason for Leaving: _____
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Applicant Signature: _____ Date: _____

EMPLOYMENT HISTORY CON'T

EMPLOYER:

Address: _____
City _____ State _____ Zip _____
Contact Person: _____ Phone: _____
Any accidents with this company? YES NO If yes, describe: _____
Equipment Use: Tractor/Trailer YES NO? Tanker _____ Flatbed _____ Van _____
Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased?
 YES NO
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? YES NO

To: MO ____ YR ____
From: MO ____ YR ____
Position Held: _____
Salary/Wage: _____
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City _____ State _____ Zip _____
Contact Person: _____ Phone: _____
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City _____ State _____ Zip _____
Contact Person: _____ Phone: _____
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Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? YES NO

To: MO ____ YR ____
From: MO ____ YR ____
Position Held: _____
Salary/Wage: _____
Reason for Leaving: _____

EMPLOYMENT GAPS

Please write in the dates and explanation for any periods that you were not working during the past 10 years.

Applicant Signature: _____ Date: _____