

Driver's Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

(Answer all questions - Please Print)

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phone No _____ Date of Birth _____

Do you have a legal right to work in the United States? _____ Are you now employed? _____

Have you worked for this company before? _____ Dates: From _____ to _____ Position _____

Is there reason you might be unable to perform functions of the job which you have applied for? _____ If yes, please explain: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

EXPERIENCE AND DRIVER QUALIFICATIONS

Compliance with the Federal Motor Carrier's Safety Regulations is mandatory for all driver applicants

CDL ID No. _____ Class _____ Issuing State _____ Expires _____

- Have you ever been denied a license, permit or privilege to operate a commercial motor vehicle? Yes No
- Has any license or privilege been suspended or revoked? Yes No

Driving Experience: _____ Type _____ Approximate Miles _____
Straight Truck _____
Tractor and Semi-Trailer _____
Tractor - Two Trailers _____
Other: _____

Accident Record: _____ Date: _____ Nature of Accident: _____ Fatalities / Injuries: _____
Last Accident: _____
Next Previous: _____
Next Previous: _____

Traffic Convictions: _____ Date: _____ Location: _____ Violation: _____

Medical Qualification:

- Do you have a current Medical Certificate? Yes No
- Expiration date of current Medical Certificate _____
- Have you participated in a Random Drug/Alcohol-Use Testing program in the past 12 months? Yes No