

CDL DRIVER APPLICATION

This application is current for thirty (30) days only. Thereafter, if you wish to be considered for employment, you must fill out a new application.
All information must be completed. If a question does not apply, write NONE or "0".

PERSONAL

DATE APPLIED: _____

DATE AVAILABLE: _____

NAME _____ SOCIAL SECURITY # _____
LAST FIRST MIDDLE

OTHER NAMES USED _____ D.O.B. _____ EMAIL ADDRESS _____
MONTH / DAY / YEAR

ADDRESS _____ PHONE # _____
STREET CITY STATE ZIP AREA CODE

NOTIFY IN CASE OF EMERGENCY _____ ALT. PHONE # (_____) _____
AREA CODE

ARE YOU CURRENTLY EMPLOYED? YES NO HAVE YOU EVER APPLIED HERE BEFORE? YES NO DATE _____

HAVE YOU HAD ANY PREVIOUS ASSOCIATION WITH THIS COMPANY? YES NO

DATES: FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____

WERE YOU REFERRED TO OUR COMPANY? YES NO BY WHOM? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

DAYS AVAILABLE FOR WORK: MON TUES WED THURS FRI SAT SUN HOURS AVAILABLE FOR WORK: _____

FOR HOW LONG: TEMP LONGTERM TEMP-TO-HIRE HOW MUCH WEIGHT CAN YOU COMFORTABLY LIFT? _____ lbs.

DO YOU HAVE YOUR OWN, RELIABLE TRANSPORTATION TO AND FROM WORK? YES NO DESIRED PAYRATE: _____

RESIDENCE ADDRESS (LIST RESIDENCE ADDRESSES FOR THE PAST 3 YEARS)

- (1) FROM _____ TO _____
STREET CITY STATE ZIP
- (2) FROM _____ TO _____
STREET CITY STATE ZIP
- (3) FROM _____ TO _____
STREET CITY STATE ZIP

EDUCATION

TRUCK DRIVING SCHOOL

HAVE YOU ATTENDED TRUCK DRIVING SCHOOL? YES NO START DATE _____ GRADUATION DATE _____

NAME OF SCHOOL _____ LOCATION: _____
CITY STATE

GRADE, HIGH SCHOOL AND COLLEGE

CIRCLE HIGHEST GRADE COMPLETED: **Grade School** 1 2 3 4 5 6 7 8 **High School** 1 2 3 4 **Vocational School / College** 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY STATE

DATE LAST ATTENDED OR GRADUATION DATE _____

OTHER EDUCATION: _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO

BRANCH _____ DATES: FROM _____ TO _____

LIST ANY SPECIAL SKILLS OR TRAINING THAT YOU RECEIVED _____

WORK EXPERIENCE - LIST BELOW PAST AND PRESENT EMPLOYERS FOR THE PAST THREE (3) YEARS OF EMPLOYMENT (AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS), **BEGINNING WITH YOUR PRESENT OR MOST RECENT. ALL TIME MUST BE ACCOUNTED FOR, INCLUDING UNEMPLOYMENT!**

UNEMPLOYED: From _____ To _____ To verify, call: _____ Contact Name _____ Phone #: (_____) _____ Area Code _____

EMPLOYER	FROM: (Month/Year)	TO: (Month/Year)
PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS / CITY / STATE / ZIP	POSITION HELD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
ACCIDENTS YES NO If YES, how many: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 More Comments: _____		
Were you subject to Federal Motor Carrier Regulations? YES NO		
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing? YES NO		

UNEMPLOYED: From _____ To _____ To verify, call: _____ Contact Name _____ Phone #: (_____) _____ Area Code _____

EMPLOYER	FROM: (Month/Year)	TO: (Month/Year)
PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS / CITY / STATE / ZIP	POSITION HELD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
ACCIDENTS YES NO If YES, how many: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 More Comments: _____		
Were you subject to Federal Motor Carrier Regulations? YES NO		
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing? YES NO		

UNEMPLOYED: From _____ To _____ To verify, call: _____ Contact Name _____ Phone #: (_____) _____ Area Code _____

EMPLOYER	FROM: (Month/Year)	TO: (Month/Year)
PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS / CITY / STATE / ZIP	POSITION HELD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
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EMPLOYER	FROM: (Month/Year)	TO: (Month/Year)
PHONE NUMBER	TYPE OF VEHICLE DRIVEN / Miles per week	
ADDRESS / CITY / STATE / ZIP	POSITION HELD	PAY RATE
NAME OF SUPERVISOR	REASON FOR LEAVING	
ACCIDENTS YES NO If YES, how many: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 More Comments: _____		
Were you subject to Federal Motor Carrier Regulations? YES NO		
Was this position a Safety Sensitive Function subject to Drug and Alcohol Testing? YES NO		

Add additional sheet if necessary.

DRIVING & RELATED EXPERIENCE (Driver must complete this section also)

TRACTOR AND SEMI TRAILER _____	TYPE OF EQUIPMENT/SIZE _____	LENGTH OF EXPERIENCE _____	APPROXIMATE # OF MILES _____
STRAIGHT TRUCK _____			
OTHER (ROLL-OFF, DUMP, FLATBED) _____			
DOUBLES/TRIPLES? _____			
FORKLIFTS, MOFFITT LIFTS, ETC _____			
LIST ANY WAREHOUSE EXPERIENCE _____			
IN WHAT STATES HAVE YOU DRIVEN REGULARLY? _____		WHAT AWARDS DO YOU HOLD FOR SAFE DRIVING? _____	

ACCIDENTS

List all accidents that you have been involved in during the past three (3) years, in any type of vehicle, and regardless of whether you feel they were chargeable or non-chargeable. If you have had no accidents in the past three years, write "none".

Date	Type of Vehicle	Whose fault?	Fatalities? Yes / No	Injuries? Yes / No	\$ Amount of All Damage

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Date	Type of Vehicle	Whose fault?	Fatalities? Yes / No	Injuries? Yes / No	\$ Amount of All Damage

FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION.

If you have not had any accidents in the last three years, indicate "NONE"

TRAFFIC VIOLATIONS

List all traffic violations (other than parking violations) that you have been convicted or forfeited bond or collateral during the past three (3) years. If you have had no traffic violations in the past three years, write "none".

DATE	CITY & STATE	CHARGE	PENALTY	Personal (POV) or Commercial (CMV)
				<input type="checkbox"/> POV <input type="checkbox"/> CMV
				<input type="checkbox"/> POV <input type="checkbox"/> CMV
				<input type="checkbox"/> POV <input type="checkbox"/> CMV
				<input type="checkbox"/> POV <input type="checkbox"/> CMV

I certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past three (3) years.

FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION.

If you have not had any accidents in the last three years, indicate "NONE"

CRIMINAL BACKGROUND INFO

Have you ever been convicted of DWI, DUI, Careless or Reckless Driving, 15 mph over the posted speed limit, leaving accident scene, or using a commercial vehicle in commission of a felony*?

YES NO DATE: _____ EXPLAIN: _____

Has your license or privilege to drive ever been suspended or revoked for any reason*?

YES NO DATE: _____ EXPLAIN: _____

Have you ever been convicted of any misdemeanor other than a traffic violation*?

YES NO DATE: _____ EXPLAIN: _____

Have you ever been convicted of a felony*?

YES NO DATE: _____ EXPLAIN: _____

** Disclosure of this information does not necessarily disqualify you from consideration.*