



All fields must be completed to be considered

# DRIVER'S APPLICATION

## Application Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address Apt./Unit #

\_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip Code

Date Available: \_\_\_\_\_ S.S. no: \_\_\_\_\_ Desired salary: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain? \_\_\_\_\_

## Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Accident Record** for the past 3 years or more (attach sheet if more space is needed) if none, write none

Dates	NATURE OF ACCIDENT (HEAD-ON, REAR-END, IJPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
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

**Experience And Qualifications – Driver (attach sheet for more space if needed)**

Driver licenses or permits held in the past 3 years	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes  No
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes  No
- If the answer to either question was yes, please give a detailed explanation on an attached sheet.

**Driving Experience Check Yes or No**

Class of Equipment	Type of Equipment	Date		Approx # Of Miles (Total)
		From (m/y)	To (m/y)	
Straight Truck	Yes <input type="checkbox"/> No <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>			
Tractor & Semi-Trailer	Yes <input type="checkbox"/> No <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>			
Tractor & Two-Trailers	Yes <input type="checkbox"/> No <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>			
Tractor & Three-trailers	Yes <input type="checkbox"/> No <input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>			
Motorcoach- School Bus 8+ Passengers	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Motorcoach- School Bus 15+ Passengers	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other				

List States operated in over the last five years: \_\_\_\_\_

List special courses or training that will benefit you as a driver: \_\_\_\_\_

## **Military Service**

Branch: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## **Disclaimer and signature**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arrival at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_