

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, age, national origin or disability.

PERSONAL INFORMATION

FULL NAME		SOCIAL SECURITY NO.	DATE
PHONE (HOME)	PHONE (MOBILE)	EMAIL ADDRESS	
Address (Starting with the Current and the last 3 addresses)			Period
			Present

In case of emergency, notify:

Contact Number:

Position Applying:

Expected Salary:

Have you worked for this company before? Yes No

If Yes, what years

Are you currently employed? Yes No

If Yes, when will you be available?

Are you prevented from lawful employment in this country because of immigration status? Yes

No Have you ever been convicted of a felony, misdemeanor or criminal violation? Yes No

DRIVER'S LICENSE INFORMATION (This information will be verified)

DRIVER'S LICENSE NO.	STATE	EXPIRATION DATE	LICENSE TYPE
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EDUCATION

What is your highest educational attainment?

Completed On:

Do you have full knowledge of the Federal Motor Carreer Safety Regulation? Yes

DRIVING EXPERIENCE

	Type of Equipment	No. of Years	States You Have Driven In
Tractor			
Truck			
Trailer			
Truck			
Bus			

ACCIDENT RECORD LAST 3 YEARS (This information will be verified)

Date	Nature of Accident	No. of Fatalities	No. of Injures

TRAFFIC CONVICTIONS LAST 3 YEARS OTHER THAN PARKING (This information will be verified)

Date	Violation	State	Penalty

I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous may be ground for dismissal.

SIGNATURE

DATE