



TRUCK DRIVER APPLICATION INFORMATION			
LAST NAME:	FIRST NAME:	MI:	DATE:
STREET ADDRESS:			APT./UNIT#
CITY:	STATE:	ZIP:	DATE OF BIRTH:
PHONE:	EMAIL:		MALE: FEMALE:
DRIVER LICENSE NO:	DL STATE:	DL EXP DATE:	DL CLASS
PHYSICAL CARD EXPERATION DATE:	DL ENDORSMENTS:	DESIRED SALARY:	SOCIAL SECURITY NO:
ARE YOU A CITIZEN OF THE UNITED STATES?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU WORKED FOR THIS COMPANY BEFORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, WHEN?
IF SELECTED FOR EMPLOYMENT ARE YOU WILLING TO SUBMIT A PRE-EMPLOYMENT DRUG SCREENING TEST:	YES <input type="checkbox"/> NO <input type="checkbox"/>		18 YEARS OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION				
SCHOOL NAME	LOCATION	YEARS ATTENEDED	DEGREE	MAJOR

EMPLOYMENT HISTORY (LAST 3 EMPLOYERS OR 10 YEARS)				
MONTH/YEAR	EMPLOYER:	CITY:	POSITION	REASON FOR LEAVING
FROM:				
TO:				
WERE YOU SUBJECT TO THE FMCSR'S? YES <input type="checkbox"/> NO <input type="checkbox"/>			DID YOU PARTICIPATE IN USDOT/EPN DRUG AND ALCOHOL TESTING REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				
MONTH/YEAR	EMPLOYER:	CITY:	POSITION	REASON FOR LEAVING
FROM:				
TO:				
WERE YOU SUBJECT TO THE FMCSR'S? YES <input type="checkbox"/> NO <input type="checkbox"/>			DID YOU PARTICIPATE IN USDOT/EPN DRUG AND ALCOHOL TESTING REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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DO WE HAVE PERMISSION TO CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				



DRIVING EXPERIENCE			
CLASS OF EQUIPMENT	FROM	TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR & DUMP TRAILER			
TRACTOR & TRANSFER			
OTHER:			

List special courses/trainings completed (PTD/DDC, Hazmat, etc.): _____

List all states operated in within the last 5-years: _____

List any Safe Driving Awards you hold and from whom: _____

ACCIDENT RECORD FOR THE PAST 3-YEARS (ATTACH SEPARATE SHEET IF NEEDED)

DATE OF ACCIDENT	NATURE OF ACCIDENT	LOCATION	NO. PEOPLE INJURED

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3-YEARS (OTHER THAN PARKING VIOLATIONS)

DATE OF ACCIDENT	NATURE OF ACCIDENT	LOCATION	NO. PEOPLE INJURED

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

If yes please explain: _____

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

If yes please explain: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____ Yes _____ No

REFERENCES			
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:
NAME:	CITY:	PHONE:	RELATIONSHIP:



MILITARY SERVICES			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	BRANCH:	FROM: TO:
RANK AT DISCHARGE:		TYPE OF DISCHARGE:	

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I certify 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.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

In the event of employment, I understand that false or misleading information given in my application or interview(s) me result in a discharge

 Signature of Applicant

 Date