



APPLICATION FOR EMPLOYMENT - TRUCK DRIVERS

Company: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_  
*(First) (Middle) (Last)*

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
*(Street) (City) (State and Zip Code)*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Addresses for past 3 Years: \_\_\_\_\_  
*(Street) (City) (State and Zip Code) (How Long)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPERIENCE AND QUALIFICATIONS - DRIVER

Drivers Licenses Type	State	License Number	Expiration Date	HAZMAT ENDORESMENT? YES or NO

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 A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OR EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

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

DATES	NATURE OF EACH ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			