Driver Application for Hire or Contract

				Appl	lying for:			
				, ,	□ Ov	vner/Opera	tor	
					Model/y	vear:		
					□ Co	mpany Dri	ver	
V.M. Tru	uckina							
	90 - 5363			Informati	ion			
	t thoroughly in in			vill not be pro	cessed.			
Name: Last_			First			Middle		
Former Name	e:	Soci	Social Security #:			Birth Date:/		
Home Phone	::()			Cell Phone ()			
					StateZip			
How long at	this address?		Past address if l	ess than five year	s at present add	ress:		
Past Address	::				_ How long a	t this address?_		
Con	nmercial Mo	tor Vehic	le Operato	r's Licens	e and Per	mits Info	rmation	
State	License Num	ber	Class	Endorsen	nents	Expirat	tion Date	
			<u>'</u>	<u>'</u>		•		
Years of Ove	er-the-Road Experie	ence:						
Regions driv	en in:	\square NW	□SW	□NE □	ISE [Midwest	□ Canada	
Have you eve	er been convicted o	of/or have a pend	ling felony?	□Yes	□No	If yes, wh	en?	
Have you eve	er been convicted o	of/or have a pend	ling DWI/DUI?	□Yes	□No	If yes, wh	en?	
(If yes, plea	ase give details in t	raffic violation i	nformation, pag	re 4)				
Have you eve	er tested positive or	n alcohol/contro	lled substance te	est?	□No	If yes, wh	en?	

General Information (Cont'd)

Are you authorized to work	in the United States?	□Yes	□No	
Are you able to pass a two y	ear DOT physical?	□Yes	□No	
Do you take any medication	s that could affect your driving?	□Yes	□No	
Has your license ever been o	lenied, revoked or suspended?	□Yes	□No	
(If yes, please explain in dr	iver's license information)			
Have you served in the U.S.	Armed Forces?	□Yes	□No	
Did you serve during the Vi	etnam Era (1963 to 1974)?	□Yes	□No	
	Employm	ent History		
employer first. All periods on non-driving positions and pecodes.	syment for the past ten years is necess of time must be accounted for during periods of unemployment. Provide con	this ten-year perion plete address and the state address address and the state address address address and the state address address and the state address a	d, including military serv	ice, self-employment,
DATE AVAILABLE FO	OR WORK:			
From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:	State:	Zip:
Reason For Leaving:			Ending Pay:	
From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:_	State:	Zip:
Reason For Leaving:			Ending Pay:	
From:To:	Company Name:			
Phone:()	Street Address:			

Position: _____ Equipment Used: _____ City: ____ State: ___ Zip: ____

Reason For Leaving: _____ Ending Pay: _____

Employment History (Cont'd)

From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:	State:	Zip:
Reason For Leaving:		Eı	nding Pay:	
From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:	State:	Zip:
Reason For Leaving:		E1	nding Pay:	
From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:	State:	Zip:
Reason For Leaving:		Eı	nding Pay:	
From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:	State:	Zip:
Reason For Leaving:		Eı	nding Pay:	
From:To:	Company Name:			
Phone:()	Street Address:			
Position:	Equipment Used:	City:	State:	Zip:
Reason For Leaving		E	nding Pav	

Traffic Violations/Accident Information

Please provide us with traffic violations and accident information for the last five years. Any deletions or omissions will be sufficient reason for denial of your application.

Traffic Violations

Date		State	Type of Violation (ie., speeding-10 miles over)	Points or Penalty
/	/			
/	/			
/	/			
/	/			

Accident Information

Date	Personal or Commercial Vehicle	Nature of Accident	Preventable/ Non-Preventable	Injuries	Fatalities	Amount
/ /						
Details:	•					
/ /						
Details:	,					
/ /						
Details:						
/ /						
Details:	•					

]	Educa	tion		
Driving School:				_ Phone #	# :(_)	
Start Date: End Date	e:		_				
Address:				City			State Zip
Check highest grade completed:	1 0	1 11	1 2				
Years beyond high school	1	2	3	4	□ 5	□ 6	□ 7 □ 8
Technical/Trade Schools attended:							When:
Courses, seminars or other pertiner	nt training	g:					When:
Personal References (Do n	ot use 1	relativ	es or re	ormer	empioy	vers):	
1							Dhana Namban
Name		O	ccupatio	n			Phone Number
2Name		_ _	ccupatio	n			() Phone Number
			r	-			
3Name			ccupatio	n			Phone Number
In Case of Emergency:							
in case of Emergency.							
Name & Relationship		City,	State				Phone Number
							()
Name & Relationship		City,	State				Phone Number
or misrepresentation is "falsification contract. I hereby authorize including but not limited to: conto confirm information I provid Regulations and investigate presented."	ation" ar ntacting ed but n evious er IM.(Aub ease of s	persona ot limit mploye kking Lu aid info	result in all referented to in all referented to in all referenced to the contraction results in a result in a referenced to the contraction referenced to the contracti	to mences, cu formation of & Corode of Fe ode of Fe on. It is a	l of or se ake a co rrent an on requi ntrolled ederal Re greed ar	eparation mplete in d past er red by 39 Substance gulation ad under	
(Driver Applie	cant)						(Date)

REQUEST FOR INFORMATION From Previous Employer

Print Name	Social Security Number	
I, the above mentioned, hereby authorize you to rele Regulations. You are released from any and all liab	ase the following information as required by Section 391.23 of the Federal Mo lity which may result from furnishing such information.	tor Carrier Safety
Applicant's Signature	 Date	
Previous Employer Information:		-
		• •
Information on Applicant:		•
Start Date:	End Date:	
Starting Title:	Ending Title:	
Full-Time/Part-Time:		
Starting Pay:	Ending Pay:	
Reason for Leaving:		_
Comments:		_
Appropriate Notice?		_
Eligible for Rehire?		_
	ents as defined in section 390.5 of the FMCSA? If so, please provide: date of a nan fuel were released. If not, did the driver have and other reportable accider	