

# Driver Application for Hire or Contract

*Applying for:*

- Owner/Operator**  
*Model/year:* \_\_\_\_\_  
  
 **Company Driver**

V.M. Trucking

(973) 690 - 5363

## General Information

*Please print thoroughly in ink. Incomplete applications will not be processed.*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ *Past address if less than five years at present address:*

Past Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

## Commercial Motor Vehicle Operator's License and Permits Information

State	License Number	Class	Endorsements	Expiration Date

Years of Over-the-Road Experience: \_\_\_\_\_

Regions driven in:            NW        SW        NE        SE        Midwest        Canada

Have you ever been convicted of/or have a pending felony?        Yes        No        If yes, when? \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI?        Yes        No        If yes, when? \_\_\_\_\_

*(If yes, please give details in traffic violation information, page 4)*

Have you ever tested positive on alcohol/controlled substance test?        Yes        No        If yes, when? \_\_\_\_\_

## General Information (Cont'd)

Are you authorized to work in the United States? Yes No  
Are you able to pass a two year DOT physical? Yes No  
Do you take any medications that could affect your driving? Yes No  
Has your license ever been denied, revoked or suspended? Yes No  
*(If yes, please explain in driver's license information)*  
Have you served in the U.S. Armed Forces? Yes No  
Did you serve during the Vietnam Era (1963 to 1974)? Yes No

## Employment History

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. All periods of time must be accounted for during this ten-year period, including military service, self-employment, non-driving positions and periods of unemployment. Provide **complete address** and **phone numbers**, including area codes and zip codes.

**DATE AVAILABLE FOR 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: \_\_\_\_\_ 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: \_\_\_\_\_

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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: \_\_\_\_\_

**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:						



# REQUEST FOR INFORMATION From Previous Employer

Print Name _____	Social Security Number _____
I, the above mentioned, hereby authorize you to release the following information as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.	
Applicant's Signature _____	Date _____

**Previous Employer Information:**

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**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? _____	

In the last three years, has the driver had any accidents as defined in section 390.5 of the FMCSA? If so, please provide: date of accident, city/state, # of injuries, # of fatalities; if hazardous materials other than fuel were released. If not, did the driver have and other reportable accidents that you wish to provide information about?

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