

# Commercial Driver Application

## General Information

Application Date \*

First name \*

Last Name \*

Address \*

Address 2

City \*

State \*

Zip Code \*

Phone Number Ex: 123-456-7890 \*

Secondary Number Ex: 123-456-7890

Date of Birth MM/DD/YYYY \*

Social Security

How did you hear about us?

---

## Residency Information

Have you been at the address above for the last 3 years?\*

If no, please fill in the fields below to cover any gaps in the last 3 years.

Address 1 Street, City, State, Zip Code

Move in Date Date you started living at this address

Move out Date Date you stopped living at this address

Address 2 Street, City, State, Zip Code

Move in Date Date you started living at this address

Move out Date Date you stopped living at this address

Address 3 Street, City, State, Zip Code

Move in Date Date you started living at this address

Move out Date Date you stopped living at this address

Additional Addresses Ex: Address4

---

## All Driver's License(s) Information Held in the Last 3 Years

License 1 License Number\*  
First License number

License 1 State \*  
State License was issued in

License 1 Expiration Date\*  
MM/DD/YYYY

License 2 License Number  
2nd License number

License 2 State  
State License was issued in

License 2 Expiration Date  
MM/DD/YYYY

License 3 License Number  
3rd License number

License 3 State  
State License was issued in

License 3 Expiration  
Date MM/DD/YYYY

## Driver Experience

Type of Vehicle Driven (Vehicle 1)\*

Approximate Miles Driven (Vehicle 1)\*

Starting Date (vehicle 1) MM/DD/YYYY\*

Ending Date (vehicle 1) MM/DD/YYYY\*

Type of Vehicle Driven (Vehicle 2)

Approximate Miles Driven (Vehicle 2)

Starting Date (vehicle 2) MM/DD/YYYY

Ending Date (vehicle 2) MM/DD/YYYY

Type of Vehicle Driven (Vehicle 3)

Approximate Miles Driven (Vehicle 3)

Starting Date (vehicle 3) MM/DD/YYYY

Ending Date (vehicle 3) MM/DD/YYYY

---

## All Accidents in the Last 3 Years

Have you been in any accidents in the last 3 years?\*

If yes, please describe any accidents in the fields below.

Date (Accident 1) MM/DD/YYYY    Fatalities? (Accident 1)

Injuries? (Accident 1)

Description (Accident 1)

Date (Accident 2) MM/DD/YYYY    Fatalities? (Accident 2)

Injuries? (Accident 2)

Description (Accident 2)

Date (Accident 3) MM/DD/YYYY Fatalities? (Accident 3)

Injuries? (Accident 3)

Description (Accident 3)

---

## Traffic Violations in the Last 3 Years

Have you been cited for any traffic violations in the last 3 years?\*

If yes, please describe any violations in the fields below.

Violation Date (Violation 1)	Location (State)	Violation (Violation 1)
------------------------------	------------------	-------------------------

In a Commercial Vehicle? (Violation 1)	<input type="radio"/> Yes <input type="radio"/> No	
--	--	--

Violation Date (Violation 2)	Location (State)	Violation (Violation 2)
------------------------------	------------------	-------------------------

In a Commercial Vehicle? (Violation 2)	<input type="radio"/> Yes <input type="radio"/> No	
--	--	--

Violation Date (Violation 3)	Location (State)	Violation (Violation 3)
------------------------------	------------------	-------------------------

In a Commercial Vehicle? (Violation 3)	<input type="radio"/> Yes <input type="radio"/> No	
--	--	--

Violation Date (Violation 4)	Location (State)	Violation (Violation 4)
------------------------------	------------------	-------------------------

In a Commercial Vehicle? (Violation 4)	<input type="radio"/> Yes <input type="radio"/> No	
--	--	--

Violation Date (Violation 5)	Location (State)	Violation (Violation 5)
------------------------------	------------------	-------------------------

In a Commercial Vehicle? (Violation 5)	<input type="radio"/> Yes <input type="radio"/> No	
--	--	--

Violation Date (Violation 6)	Location (State)	Violation (Violation 6)
------------------------------	------------------	-------------------------

In a Commercial Vehicle? (Violation 6)	<input type="radio"/> Yes <input type="radio"/> No	
--	--	--

Have you ever had any driver's license suspended, denied, revoked, or canceled by any issuing state agency?\*

If yes, please describe the reason.

Reason for License Revocation, Cancellation, Denial, or Suspension

---

## Employment History (10 Years); Account for Any Gaps in Employment (If Owner/Operator, List Carriers Leased To)

Employer:

Starting Date MM/DD/YYYY

Ending Date MM/DD/YYYY

Address Street, City, State,

Zip Code

Supervisor Name

Phone Number

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes

No

Were you subject to 49 part 40 controlled substance and alcohol testing during this period?

Yes

No

Reason For Leaving

---

Employer:

Starting Date MM/DD/YYYY

Ending Date MM/DD/YYYY

Address Street, City, State, Zip Code

Supervisor Name

Phone Number

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes

No

Were you subject to 49 part 40 controlled substance and alcohol testing during this period?

Yes

No

Reason For Leaving

-----

Employer:

Starting Date MM/DD/YYYY

Ending Date MM/DD/YYYY

Address Street, City, State, Zip Code

Supervisor Name

Phone Number

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes

No

Were you subject to 49 part 40 controlled substance and alcohol testing during this period?

Yes

No

Reason For Leaving

-----

Employer:

Starting Date MM/DD/YYYY

Ending Date MM/DD/YYYY

Address Street, City, State, Zip Code

Supervisor Name

Phone Number

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes

No

Were you subject to 49 part 40 controlled substance and alcohol testing during this period?

Yes

No

Reason For Leaving

-----

Employer:

Starting Date MM/DD/YYYY

Ending Date MM/DD/YYYY

Address Street, City, State, Zip Code

Supervisor Name

Phone Number

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes

No

Were you subject to 49 part 40 controlled substance and alcohol testing during this period?

Yes

No

Reason For Leaving

-----

Employer:

Starting Date MM/DD/YYYY

Ending Date MM/DD/YYYY

Address Street, City, State, Zip Code

Supervisor Name

Phone Number

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Yes

No

Were you subject to 49 part 40 controlled substance and alcohol testing during this period?

Yes

No

Reason For Leaving

---

***"I certify that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge."***

**I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.**

Applicant's Signature

Signature Date