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## Commercial Driver Application

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Date: \_\_\_\_\_

**Personal Information:**

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

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

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

Address: \_\_\_\_\_

Prior Addresses (If current address is less than 3 years old):

Prior Address \_\_\_\_\_

Prior Address \_\_\_\_\_

**License Information:** List all Driver Licenses held for the last 3 years.

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Employment History:** Please list all employment history for the last 3 years.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Miles Driven: \_\_\_\_\_ Warnings/Terminations: Yes / No

If yes please give details: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Miles Driven: \_\_\_\_\_ Warnings/Terminations: Yes / No

If yes please give details: \_\_\_\_\_

**Accident History:** Please list all accidents for the last 3 years.

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

**Violation History:** Please list all violations for the last 3 years (including drug and alcohol violations).

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

I certify that this application was completed by me, and all entries and information entered is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only:** Received By: \_\_\_\_\_ Notes: \_\_\_\_\_ Date: \_\_\_\_\_