

Driver Applicants will need to also fill out this page

Driver	State	License Number	Type	Expiration Date
Licenses				

Driving Experience

Equipment Class	Type of Equipment (van, flat, tank, etc.)	Dates		Approximate # of Miles Driven
		From:	To:	
Straight Truck				
Tractor/Trailer				
Tractor/Two Trailers				
Other				

Accident Record Past 3 Years or More (attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities	# Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations)

Location	Date	Charges	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, please give details: _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you unsuccessfully applied for safety sensitive transportation work covered by DOT drug and alcohol testing rules during the last 2 years? Yes No

If you answered yes, can you provide proof that you've successfully completed the DOT return-to-duty requirements? Yes No

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by DOT regulations. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant's Signature: _____

Date: _____