

DRIVER EXPERIENCE & QUALIFICATION

ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth. (§ 391.21 (b)(2))
(month/day/year)

Social Security No. _____ - _____ - _____

LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsements	Expiration Date

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

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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you have answered "Yes" to A, B or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Motor Coach				
School Bus				
Straight Truck				
Tractor & Semi-Trailer				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the ten years immediately preceding this year period. §391.21 (b)(10),(11) Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____

Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____

Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

Reason for Leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____ - _____

Position Held: _____ From: _____ To: _____ Salary _____
Month/Year Month/Year

In this position, were you: Subject to the FMCSR's? _____ Alcohol and drug tested under DOT regulation? _____

Reason for Leaving: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in mechanical maintenance _____

JOB FUNCTION & EQUIPMENT USED

INDICATE TRAINING & EXPERIENCE IN THE FOLLOWING	FORMAL TRAINING	YEARS OF EXPERIENCE	INDICATE TRAINING & EXPERIENCE IN THE FOLLOWING	FORMAL TRAINING	YEARS OF EXPERIENCE
DIESEL ENGINE REPAIR			BODY WORK		
HEAVY TRANSMISSION REPAIR			AUTO PAINTING		
ELECTRICAL REPAIR			BRAKES		
LIGHT MAINTENANCE			WELDING		
AIR CONDITIONING/HEAT			ENGINE COOLING SYSTEMS		
MACHINE SHOP			AUTOMOTIVE AUDIO/VIDEO		
AUTOMOTIVE DETAILING					

