

DRIVER EXPERIENCE & QUALIFICATION

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

Social Security Number: _____ - _____ - _____

PHYSICAL HISTORY

The U.S. Department of Transportation requires that all driver applicants pass certain physical test before they are hired to drive a motor carrier. (FMCSR 391 Subpart E)

Date of last Department of Transportation prescribed physical examination: _____.

Have you ever been granted a waiver under Section 391.49 if the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand, or arm? _____ Yes _____ No

Licenses:

Driver Licenses held in the past three years must be shown.

STATE	LICENSE NO.	TYPE	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 yes, please give details: _____

Driving Experience:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TRUCK ETC.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND TRAILER				
TWIN TRAILERS				
OTHER				

List states operated in during the past five years: _____

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

List safe driving awards help and who awards were presented by: _____

Accident Review for past 3 years:

DATE	NATURE OF ACCIDENT	INJURIES	FATALITLES

Traffic Convictions and Forfeitures for the Past 3 years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

Addendum to Driver Experience and Qualification Form

I, the undersigned applicant, am submitting the following information concerning my employment history for the 10 years preceding the date the employment application:

A. A list of the names and addresses of the applicant's previous employers for which the applicant was an operator of a commercial motor vehicle (attach additional documentation if needed)

1. Employer Name Employer Address

Dates of Employment Reason for Leaving

2. Employer Name Employer Address

Dates of Employment Reason for Leaving

3. Employer Name Employer Address

Dates of Employment

Reason for Leaving

4. Employer Name

Employer Address

Dates of Employment

Reason for Leaving

(If you need additional space, please continue on a separate sheet of paper)

As part of the application process, any information submitted by the applicant above may be used and the applicant's previous employers may be contacted for the purpose of investigating the applicant's work history.

I, the undersigned application, hereby certify that all information furnished above is true and correct.

Print Name

Date

Signature