

# Driver Experience and Qualifications

Please list the State, driver's license number or permit number and expiration date of each unexpired commercial driver's license or permit issued to you.

State \_\_\_\_\_ CDL/Permit # \_\_\_\_\_ Expiration date \_\_\_\_\_

Please list all motor vehicle accidents in which you were involved during the last three years.

1) Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Description of Accident \_\_\_\_\_

Did you receive a citation? If so, explain. \_\_\_\_\_

2) Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Description of Accident \_\_\_\_\_

Did you receive a citation? If so, explain. \_\_\_\_\_

3) Date of Accident \_\_\_\_\_ Number of Injuries \_\_\_\_\_ Number of Fatalities \_\_\_\_\_

Description of Accident \_\_\_\_\_

Did you receive a citation? If so, explain. \_\_\_\_\_

Check Yes or No

Class of Equipment	Circle Type of Equipment	Dates		Approx. No. of Miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor - Two Trailers _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Tractor - Three Trailers _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)			
Motorcoach - School Bus _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 8 passengers</small>	—			
Motorcoach - School Bus _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 15 passengers</small>	—			
Other _____				

List States operated in for last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8      High School: 1 2 3 4      College: 1 2 3 4

Last school attended (Name) \_\_\_\_\_ (City, State) \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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