

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATIONS

DATE _____

CHARGE

PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

LEVEL OF EDUCATION ACHEIVED: ☐ Grade School ☐ High School ☐ College/University ☐ Other _____

LAST SCHOOL ATTENDED: _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS- DRIVER

LICENSE NO.**TYPE****PROVINCE/STATE****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

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS!

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT

**TYPE OF EQUIPMENT
(VAN, TANK, FLAT, ETC.)**

DATES

FROM **TO**

**APPROX. NO. OF MILES
TOTAL**

Straight Truck: _____

Tractor and Semi-Trailer:

Tractor-Two Trailers: _____

Motor Coach-School Bus: _____

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?

EMPLOYMENT HISTORY

All drivers' applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, province and postal code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER	DATE			
	From	To		
	Mo.	Yr.	Mo.	Yr.
NAME: _____				
ADDRESS: _____				
CITY: _____				
PROVINCE/STATE: _____				
PC/ZIP: _____				
Salary/Wage: _____				
CONTACT PERSON: _____				
PHONE # _____				
Reason for Leaving: _____				

EMPLOYER	DATE			
	From	To		
	Mo.	Yr.	Mo.	Yr.
NAME: _____				
ADDRESS: _____				
CITY: _____				
PROVINCE/STATE: _____				
PC/ZIP: _____				
Salary/Wage: _____				
CONTACT PERSON: _____				
PHONE # _____				
Reason for Leaving: _____				

EMPLOYER	DATE			
	From	To		
	Mo.	Yr.	Mo.	Yr.
NAME: _____				
ADDRESS: _____				
CITY: _____				
PROVINCE/STATE: _____				
PC/ZIP: _____				
Salary/Wage: _____				
CONTACT PERSON: _____				
PHONE # _____				
Reason for Leaving: _____				

EMPLOYER	DATE			
	From	To		
	Mo.	Yr.	Mo.	Yr.
NAME: _____				
ADDRESS: _____				
CITY: _____				
PROVINCE/STATE: _____				
PC/ZIP: _____				
Salary/Wage: _____				
CONTACT PERSON: _____				
PHONE # _____				
Reason for Leaving: _____				

EMPLOYER	DATE			
	From	To		
	Mo.	Yr.	Mo.	Yr.
NAME: _____				
ADDRESS: _____				
CITY: _____				
PROVINCE/STATE: _____				
PC/ZIP: _____				
Salary/Wage: _____				
CONTACT PERSON: _____				
PHONE # _____				
Reason for Leaving: _____				

* INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS (OTHER THAN PARKING VIOLATIONS) FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS.

[illegible]

IF NO VIOLATIONS ARE LISTED ABOVE, I CERTIFY THAT I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

IN CASE OF EMERGENCY NOTIFY:

DRIVER'S NAME: _____ **DATE:** _____

PRIMARY CONTACT:

NAME & RELATIONSHIP: _____

ADDRESS: _____

CITY: _____

PROVINCE/STATE: _____

POSTAL CODE/ZIP: _____

DAY PHONE #: _____ EVENING PHONE #: _____

SECONDARY CONTACT:

NAME & RELATIONSHIP: _____

ADDRESS: _____

CITY: _____

PROVINCE/STATE: _____

POSTAL CODE/ZIP: _____

DAY PHONE #: _____ EVENING PHONE #: _____

PERSONAL REFERENCES

Give the name of at least 3 persons who can supply information pertinent to your job performance (excluding relatives):

	NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in an Independent Contract with us. We would like to assure you that your opportunity for this contract with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above Independent Contractor Application are true and complete to the best of my knowledge. I understand that if contracted; falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant: _____