



DRIVER APPLICATION

Date: _____ Email: _____

Name: _____ Telephone(home) _____
 First Middle Last (cell) _____

Address: _____ How long? _____
 Street City/State/Zip

Date of Birth: _____ Social Security Number _____ - _____ - _____

Addresses for Past
Three Years: _____ How long? _____
 Street City/State/Zip

_____ How long? _____
 Street City/State/Zip
(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE NUMBER OF TOTAL MILES
		TO	FROM	
STRAIGHT TRUCK				
TRACTOR/TRAILER				
TRACTOR/2-TRAILER				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE *(Attach sheet if more space is needed)*

DATE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES (Yes/No)	INJURIES (Yes/No)	DOT RECORDABLE? (Yes/No)

TRAFFIC CONVICTIONS AND FOREFITURES - PAST 3 YEARS *(Not including parking violations)*

DATE	LOCATION	CHARGE/VIOLATION	PENALTY (points/suspension)

(Attach sheet if more space is needed)

- 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 WITH DETAILS

Signature of Applicant _____ Date _____

My signature above attests that the information supplied is true and accurate



31000 Industrial Rd, Livonia, MI 48150 | P: 734-466-9720

RECORD OF EMPLOYMENT (Attach sheet if more space is needed)

DOT requires that employment for the previous 10 years be documented

CURRENT/LAST EMPLOYER Dates of Employment _____
Name _____ Telephone _____
Address _____ City/State _____ Zip _____
Position _____ Salary _____
Reason for Leaving _____

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)? Yes _____ No _____
Was this position subject to the alcohol/controlled substances testing requirements? Yes _____ No _____

PREVIOUS EMPLOYER

Dates of Employment _____
Name _____ Telephone _____
Address _____ City/State _____ Zip _____
Position _____ Salary _____
Reason for Leaving _____

Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)? Yes _____ No _____
Was this position subject to the alcohol/controlled substances testing requirements? Yes _____ No _____

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Was this position subject to the alcohol/controlled substances testing requirements? Yes _____ No _____

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. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

X _____
SIGNATURE OF APPLICANT

DATE