

DRIVER APPLICATION



PERSONAL DATA:

FIRST NAME MIDDLE LAST NAME

HOME PHONE SSN

CELL PHONE DL #

ADDRESS:

Street How long? mo/year

City State Zip

Date of Birth: / /

Do you have the legal right to work in the United States? Yes () No ()

Have you ever been convicted of a felony? Yes () No ()

If yes, please explain fully on a separate sheet of paper. Convictions of a crime are not an automatic bar to employment-all circumstances will be considered.

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED:

HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

EMERGENCY CONTACT PERSON:

NAME CELL PHONE

EXPERIENCE AND QUALIFICATIONS:

CDL	STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 yes () no ()

Has any license, permit or privilege ever been suspended or revoked?
 yes () no ()

How many years of experience driving a commercial motor vehicle do you have? _____

How many years over the road experience do you have? _____

How many years of local driving experience do you have? _____

List states you operated in for the last five years. _____

Do you know and understand how to properly complete Driver's Daily Logs?
 yes () no ()

Do you know and understand Federal Motor Carrier's Safety Regulations?
 yes () no ()

Have you ever been discharged or lost driver approval because of an accident?
 yes () no ()

Have you ever been refused motor vehicle insurance?
 yes () no ()

Drivers approved by UNIT ONE INC are held personally responsible for all traffic laws they break. Do you accept this rule?
 yes () no ()

DRIVING EXPERIENCE

List all experience that you have with the following equipment:

CLASS OF EQUIPMENT	CIRCLE TYPE
STRAIGHT TRUCK	VAN TANK FLAT DUMP REEFER
TRACTOR AND SEMI-TRAILER	VAN TANK FLAT DUMP REEFER
TRACTOR- TWO TRAILERS	VAN TANK FLAT DUMP REEFER

ACCIDENT RECORD FOR PAST 3 YEARS:

List all personal and commercial motor vehicle accidents.

Date	Nature of Accident (backing, head-on, rear end, etc)	Fatalities (yes or no)	Injuries (yes or no)	Were you cited? (yes or no)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	VIOLATION	PEANLTY

EMPLOYMENT HISTORY

EMPLOYER	DATE (FROM/TO)	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Reason for leaving:		

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Contact Person:	Phone Number:	
Title:	Fax Number:	
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PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

DATE

APPLICANT'S SIGNATURE