



Driver Application

Please Print Legibly and Answer ALL Questions

Personal Info:

Legal Business Name: _____ EIN #: _____

Full Legal Name: _____

Last

First

Middle

Social Security Number: ____ / ____ / ____ Date of Birth: ____ / ____ / ____

Month

Day

Year

Phone: ____ / ____

Home

Cell

Email: _____

Address: _____

Street

City

State

Zip

How long?

(DOT Requires 3 years of address history. If less than 3 years at above address, list additional addresses below)

Address: _____

Street

City

State

Zip

How long?

Address: _____

Street

City

State

Zip

How long?

Driver License Information: All License held in the last 3 years

License #: _____ State: _____ Exp. Date: ____ / ____ / ____

License #: _____ State: _____ Exp. Date: ____ / ____ / ____

License #: _____ State: _____ Exp. Date: ____ / ____ / ____

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? Yes ☐ No ☐

Have you ever been convicted of a felony offense? Yes ☐ No ☐



If yes, Please explain

Employment History:

Employer: _____

Supervisor: _____

Dates: / / to / / **Phone:** _____

Address: _____

City

State

Zip code

Reason for leaving: _____

Employer: _____

Supervisor: _____

Dates: / / to / / **Phone:** _____

Address: _____

City

State

Zip code

Reason for leaving: _____

Employer: _____

Supervisor: _____

Dates: / / to / / **Phone:** _____

Address: _____

City

State

Zip code



Reason for leaving: _____

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j)

Certification

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

Applicant's signature