

Driver Application for Hire or Contract

Applying for:

- Owner/Operator**
Model/year: _____

 Company Driver

V.M. Trucking

(973) 690 - 5363 **General Information**

Please print thoroughly in ink. Incomplete applications will not be processed.

Name: Last _____ First _____ Middle _____

Former Name: _____ Social Security #: _____ - _____ - _____ Birth Date: ____/____/____

Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Current Address: _____ City _____ State _____ Zip _____

How long at this address? _____ *Past address if less than five years at present address:*

Past Address: _____ How long at this address? _____

Commercial Motor Vehicle Operator's License and Permits Information

State	License Number	Class	Endorsements	Expiration Date

Years of Over-the-Road Experience: _____

Regions driven in: NW SW NE SE Midwest Canada

Have you ever been convicted of/or have a pending felony? Yes No If yes, when? _____

Have you ever been convicted of/or have a pending DWI/DUI? Yes No If yes, when? _____

(If yes, please give details in traffic violation information, page 4)

Have you ever tested positive on alcohol/controlled substance test? Yes No If yes, when? _____

General Information (Cont'd)

Are you authorized to work in the United States? Yes No
Are you able to pass a two year DOT physical? Yes No
Do you take any medications that could affect your driving? Yes No
Has your license ever been denied, revoked or suspended? Yes No
(If yes, please explain in driver's license information)
Have you served in the U.S. Armed Forces? Yes No
Did you serve during the Vietnam Era (1963 to 1974)? Yes No

Employment History

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. All periods of time must be accounted for during this ten-year period, including military service, self-employment, non-driving positions and periods of unemployment. Provide **complete address** and **phone numbers**, including area codes and zip codes.

DATE AVAILABLE FOR WORK: _____

From: _____ To: _____ Company Name: _____

Phone:(_____) _____ Street Address: _____

Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____

Reason For Leaving: _____ Ending Pay: _____

From: _____ To: _____ Company Name: _____

Phone:(_____) _____ Street Address: _____

Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____

Reason For Leaving: _____ Ending Pay: _____

From: _____ To: _____ Company Name: _____

Phone:(_____) _____ Street Address: _____

Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____

Reason For Leaving: _____ Ending Pay: _____

Employment History (Cont'd)

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Ending Pay: _____

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Ending Pay: _____

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Ending Pay: _____

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Ending Pay: _____

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ Equipment Used: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Ending Pay: _____

Traffic Violations/Accident Information
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Please provide us with traffic violations and accident information for the last five years. Any deletions or omissions will be sufficient reason for denial of your application.

Traffic Violations

Date	State	Type of Violation (ie., speeding-10 miles over)	Points or Penalty
/ /			
/ /			
/ /			
/ /			

Accident Information

Date	Personal or Commercial Vehicle	Nature of Accident	Preventable/ Non-Preventable	Injuries	Fatalities	Amount
/ /						
Details:						
/ /						
Details:						
/ /						
Details:						
/ /						
Details:						

REQUEST FOR INFORMATION From Previous Employer

Print Name _____	Social Security Number _____
I, the above mentioned, hereby authorize you to release the following information as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.	
Applicant's Signature _____	Date _____

Previous Employer Information:

Information on Applicant:

Start Date: _____	End Date: _____
Starting Title: _____	Ending Title: _____
Full-Time/Part-Time: _____	
Starting Pay: _____	Ending Pay: _____
Reason for Leaving: _____	
Comments: _____	
Appropriate Notice? _____	
Eligible for Rehire? _____	

In the last three years, has the driver had any accidents as defined in section 390.5 of the FMCSA? If so, please provide: date of accident, city/state, # of injuries, # of fatalities; if hazardous materials other than fuel were released. If not, did the driver have and other reportable accidents that you wish to provide information about?
