



Application Form (for AZ Contract Drivers)

In Compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, write "No" or "None".

Position(s) Applied for: Driver Owner-Operator.

Date of Application ____/____/____
DD MM YYYY

Name _____ S.I.N Number ____-____-____
Last MI First

License Number: ____-____-____ Expiry Date: ____/____/____
DD MM YYYY

Date of Birth ____/____/____ Can you provide proof of age? _____
DD MM YYYY

Current & Three Years previous addresses

Current _____ From: _____ To: _____
Address City Pro Postal Code

Previous _____ From: _____ To: _____
Address City Pro Postal Code

Previous _____ From: _____ To: _____
Address City Pro Postal Code

Phone: Home _____ Cell _____ Emergency _____

E Mail Address: _____

Person to be contacted in an emergency (PRINT): Name: _____ Tel: _____

Do you have the legal right to work in Canada? Yes No

Have you ever worked for this company previously? Yes No. If yes, Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you currently employed? _____ Who referred you to us? _____ Rate of pay expected _____

Do you have a FAST Card? NO YES. If yes, Card No. _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain below



EMPLOYMENT RECORD

Remember to list and explain all gaps in employment.

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the last or current position, including any military experience, and work back (Attach separate sheet if necessary). You are required to list the complete mailing address: street number, city, state and zip code.

Current Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ Postal Code: _____ State: _____
Phone: () _____ Fax: () _____

Position Held: _____ From _____ To _____ Salary: _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Were you subject to the FMCSR While Employed YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. YES NO

Previous Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ Postal Code: _____ State: _____
Phone: () _____ Fax: () _____

Position Held: _____ From _____ To _____ Salary: _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Were you subject to the FMCSR While Employed YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. YES NO

Previous Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ Postal Code: _____ State: _____
Phone: () _____ Fax: () _____

Position Held: _____ From _____ To _____ Salary: _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Were you subject to the FMCSR While Employed YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. YES NO

Previous Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ Postal Code: _____ State: _____
Phone: () _____ Fax: () _____

Position Held: _____ From _____ To _____ Salary: _____
Mo. /Yr. Mo. /Yr.

Reason for Leaving: _____

Were you subject to the FMCSR While Employed YES NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR part 40. YES NO



Accident records for the past three years

Date	Nature of Accident (Head-on, Rear end, upset, NAF etc.)	Fatalities	Injuries

Traffic convictions and forfeitures for the past three years (other than parking violations)

Date	Location	Charge	Penalty

Education

The highest grade completed.

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

License Information - Driver

	State	License Number	Type	Exp. Date
Driver's License				
Driver's License				
Driver's License				

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle. YES NO
2. Has any license, permit or privilege ever been suspended or revoked. YES NO

If answer to any the question above is YES, please attach a separate sheet giving detailed explanation.

Driving Experience

Class of Equipment	Type of Equipment	Date From To	Approx Total Miles

List the states operated in for the last five Years: _____

List Special Courses or training that will help you as a driver: _____

Do you hold any safe driving awards: _____