



4311 Monica Lane Carlsbad, NM 88220
 Office 575.236.6012
 Fax 575.236.6063
 Cell 575.361.3217

Applicant Name: _____

Current Address: _____

Social Security # _____

Date of Birth: _____

Phone# _____

Residence Past 3 Years

Address 1: _____

Address 2: _____

Address 3: _____

Experience & Qualifications-Driver

Applicant list the states and license numbers of all license held for the past 3 years

State License # Expiration Date Class A, B Endorsement

<u>State</u>	<u>License #</u>	<u>Expiration Date</u>	<u>Class A, B</u>	<u>Endorsement</u>

Driving Experience

<u>Equipment Class</u>	<u>Type of Equipment</u> Van, Flat, Tank, etc.	<u>Dates</u>		<u>Approx # of Miles Total</u>
		<u>From</u>	<u>To</u>	
<u>Straight Truck</u>				
<u>Tractor Semi Truck</u>				
<u>Tractor w Doubles</u>				
<u>Tractor w Triples</u>				
<u>Tractor w Tank</u>				
<u>Other</u>				

Accidents. Crashes for the past 3 years or more

<u>Date</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>

Moving Traffic Convictions & Forfeitures for the past 3 years

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle</u>

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B. Has any license, permit or privilege ever been revoked? () Yes () No
If yes, to either question; attached a detailed statement
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result to driving.
Do you consent to such Testing? () Yes () No

Employment Record

All Positions for the past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____

Position held: _____ From _____ To _____

CDL? () Yes () No

Where you subject to DOT regulations? () Yes () No.

Were you subject to drug and alcohol testing? () Yes () No.

Address: _____ City _____ ST _____

Telephone#: _____

Reason for Leaving: _____

Last Employer: _____

Position held: _____ From _____ To _____

CDL? () Yes () No

Where you subject to DOT regulations? () Yes () No.

Were you subject to drug and alcohol testing? () Yes () No.

Address: _____ City _____ ST _____

Telephone#: _____

Reason for Leaving: _____

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CDL? () Yes () No

Where you subject to DOT regulations? () Yes () No.

Were you subject to drug and alcohol testing? () Yes () No.

Address: _____ City _____ ST _____

Telephone#: _____

Reason for Leaving: _____

This certifies that this application was completed by me, and that all entries on it and information in it are to the best of my knowledge.

Applicant's Signature

Date